

To be used from
10 April 2017

Customer Financial Statement

YOU SHOULD READ THESE NOTES BEFORE YOU FILL IN THE FORM

You should complete this form if you are applying for council funding towards the cost of your care and support services. Please fill in each section that applies to you and if you need more space continue on a separate sheet (please label it with the applicant's name and address).

For both community services and residential care services everyone is assessed based on their individual circumstances including their income, savings, other assets and any eligible expenses. If you do not complete this form, or do not provide the evidence requested, you will be charged the full cost of your service. You will be informed in writing of the outcome of your financial assessment (even when the assessed contribution is nil) and how to pay any amounts due.

Community Services

For community services, if you own your home its value will not be included. If you have savings and assets over £23,250 you will have to pay the full cost. Any savings or assets under £23,250 will be taken into account in your assessment. If your capital is just over the upper capital limit, please complete the form as it may be that you would soon be eligible for council funding.

If you receive Attendance Allowance, Disability Living Allowance (Care Component) or Personal Independent Payment (Daily Living Component) we can make allowance in the financial assessment for additional expenses related to your disability, we call these Disability Related Expenditure (DRE's). You will be asked about this in Section 10.

If you are going to claim for any Disability Related Expenditure, you will need to provide evidence of the costs that is the last six months bills, receipts or invoices as proof of payment and tell us how often you have to pay this. We will then look through the expenses you are claiming together with your Care and Support Plan and determine whether these costs are classed as normal daily living expenses, or additional costs due to your disability, which we may be able to allow in the financial assessment calculation.

We will complete your financial assessment under North Lincolnshire Council's Residential & Community Care Services Charging Policy. Details of this policy are available on our website.

Residential Care Services

For residential care services, if you have savings and assets over £23,250 you will have to pay the full cost. Any savings or assets under £23,250 will be taken into account in your assessment. If your capital is just over the upper capital limit, please complete the form as it may be that you would soon be eligible for council funding.

For short-term residential care the value of your home is not included and we can allow for expenses related to your home, we call these Home Responsibilities. You will be asked about this in section 9. For long term/permanent residential care we do not allow for Home Responsibilities.

If you own your own home and move into a care home permanently its value may be taken into account in your financial assessment, but this will depend on your individual circumstances. You will be asked about this in Section 6.

We will complete your financial assessment in line with the Care and Support Statutory Guidance issued by the Department of Health; details of this are available online.

Benefit Entitlement Check

When we do our financial assessment we will also check your benefit entitlement and advise if you could claim any other benefits. Entitlement to benefits depends on your circumstances, and may be affected by your income and savings or the income and savings of your partner.

To help us complete the benefit entitlement check we will ask you to provide your partners details. You do not have to provide these, but without them we will not be able to complete the check.

Occupational Pension – Residential Care

For people in residential care the charging regulations allow you to pass half of your Occupational Pension to your spouse or civil partner. We will ask you if you wish to do this at Section 4.4.

Passing half of your Occupational Pension to your spouse/civil partner can affect both you and your partner's entitlement to benefits. If you indicate that you wish to do this we will do a 'better off calculation' so that you are aware of impact this may have on both you and your partner's income.

Evidence of Your Financial Circumstances

Throughout the Customer Financial Statement we will ask you for evidence of your income, savings and expenditure. Evidence should be your DWP or Job Centre Plus benefit notification (all pages), notification of your state retirement pension, occupational pension advice slip/correspondence, and six months of information relating to any savings and investments (bank statements, ISA's, savings/share certificates, copies of utility bills, receipts, etc.). Photocopies are acceptable.

Please enclose any evidence along with your completed form in the pre-paid envelope provided to the address below. Alternatively you can scan this information and email it to us at financialsupport@northlincs.gov.uk.

Benefits

Please be aware that some benefits such as Attendance Allowance, Disability Living Allowance, Personal Independence Payment and Severe Disability Premium should cease after 4 weeks of either a hospital stay or stay in residential care.

We would therefore strongly recommend that you contact the Department of Works and Pensions or Job Centre Plus and advise them of any residential stays to prevent any benefit overpayment. You can contact the DWP on 0845 60 60 265 or Job Centre Plus on 0345 6088 545.

Capacity to Manage Finances and Financial Representatives

As part of the care assessment council staff are required to consider if a person is able to manage their finances on their own or with support. For social care assessments we call a person who helps with this, a 'Financial Representative'. Often they are voluntary representatives, the person can make their own decisions but may like help with forms and arrangements. If you want a voluntary financial representative to be your contact with the council for financial issues, you should sign at Section 11A.

In some cases the Financial Representative has a more formal role, they may be appointed by the Court of Protection as a Deputy, have an Enduring or Lasting Power of Attorney or receive benefits on behalf of the person as their DWP Appointee. In this case, the Financial Representative should complete Section 11B and provide evidence of your authority to act on behalf of the person.

The Financial Representative should provide their details at Section 11C and sign the declaration at Section 12.

Contact

Please complete this form within 28 days of receiving it. If this is not possible, please contact us and tell us when you will be able to do so. If you have any queries about this form or require any help to complete it, please contact us on 01724 298071 or email financialsupport@northlincs.gov.uk. Please return the completed form in the pre-paid envelope or post to;

Financial Support Team, Hewson House, Station Road, Brigg, North Lincolnshire, DN20 8XB.

Data Protection: North Lincolnshire Council will hold information about you on computer and case files. The council is registered under the Data Protection Act 1998 for this purpose and treats all personal information it holds confidentially. The council will only use the information for the purposes of the person or their partners affairs for the purpose of benefit entitlement and disclose this only to the Department for Work and Pensions, Council Tax Section and Housing Benefit Section or otherwise in accordance with the Data Protection Act 1998.

1 Your personal details

That is the person applying for council funding towards the cost of their care and support.

| | | | | | |
|---|----------------|----------|----------------------------|-----------|--|
| Title: | First name(s): | Surname: | | | |
| Address: | | | | | |
| Date of Birth: | | | National Insurance Number: | | |
| Telephone Number: | | | Mobile Number: | | |
| Marital Status (please mark with an X as appropriate) | | | | | |
| Single | | Married | | Widow(er) | |
| Living with Partner | | Divorced | | Separated | |

2 People living with you

This will help us understand your circumstances. Please write none if you live alone.

| Name | Date of Birth | Relationship to you |
|--|---------------|---------------------|
| | | |
| If this person is your spouse or partner please give their National Insurance Number | | |
| | | |
| | | |
| | | |

3 Capital and Savings

Please provide details of all your savings and investments

| Name of account holder(s) | Name of Bank/Building Society. Shares/Bonds/Investment | Account No. | Amount | Evidence attached |
|---------------------------|---|-------------|--------|-------------------|
| | | | £ | Yes / No |
| | | | £ | Yes / No |
| | | | £ | Yes / No |
| | | | £ | Yes / No |
| | | | £ | Yes / No |
| | | | £ | Yes / No |
| | | | £ | Yes / No |
| Total capital and savings | | | £ | |

| | |
|---|----------|
| Have you gifted away or transferred any savings/capital in the last five years? | Yes / No |
| If yes please provide details of the gift/transfer, including the amount, recipient and date of transfer. | |

4 Income – Please provide details of all income

4.1 Earnings

| Names of payee | Amount paid (net after tax) | How often paid? | Employer | Evidence attached |
|----------------|-----------------------------|-----------------|----------|-------------------|
| | £ | | | Yes / No |
| | £ | | | Yes / No |
| | £ | | | Yes / No |
| | £ | | | Yes / No |

4.2 Benefits

| Type of Benefit | Customer | Partner | How often paid? | Evidence attached |
|--|----------|---------|-----------------|-------------------|
| State Retirement Pension | £ | £ | | Yes / No |
| Pension Credit - Guarantee Credit | £ | £ | | Yes / No |
| Pension Credit - Savings Credit | £ | £ | | Yes / No |
| Income Support | £ | £ | | Yes / No |
| War Pension | £ | £ | | Yes / No |
| War Widows Pension | £ | £ | | Yes / No |
| Employment Support Allowance | £ | £ | | Yes / No |
| Job Seekers Allowance | £ | £ | | Yes / No |
| Incapacity Benefit | £ | £ | | Yes / No |
| Severe Disablement Allowance | £ | £ | | Yes / No |
| Universal Credit | £ | £ | | Yes / No |
| Attendance Allowance | £ | £ | | Yes / No |
| Personal Independence Payment – Daily Living | £ | £ | | Yes / No |
| Personal Independence Payment – Mobility | £ | £ | | Yes / No |
| Disability Living Allowance – Care | £ | £ | | Yes / No |
| Disability Living Allowance - Mobility | £ | £ | | Yes / No |
| Other: | £ | £ | | Yes / No |
| Other: | £ | £ | | Yes / No |

4.2 Benefits continued

| | |
|---|----------|
| Is Carer's Allowance paid to anyone who looks after you? If yes who is this paid to | Yes / No |
| Are you or your partner in receipt of Housing Benefit? If yes please give details of how much you or your partner receive | Yes / No |
| Are you or your partner in receipt of Council Tax Benefit? If yes please give details of how much you or your partner receive | Yes / No |

4.3 Private and Occupational Pensions

| Names of payee | Amount paid (net after tax) | How often paid? | Company/Pension provider | Evidence attached |
|----------------|-----------------------------|-----------------|--------------------------|-------------------|
| | £ | | | Yes / No |
| | £ | | | Yes / No |
| | £ | | | Yes / No |
| | £ | | | Yes / No |

4.4 Occupational Pensions care home residents

For care home residents the regulations allow for half of your Occupational Pensions to be disregarded and passed to your spouse/civil partner, do you wish to do this?

Yes / No

5 Compulsory Payments (for example court ordered payments)

Please detail any compulsory payment you or your partner make

| Type of Payment | Amount paid | How often paid? | Evidence attached |
|-----------------|-------------|-----------------|-------------------|
| | £ | | Yes / No |
| | £ | | Yes / No |

6 Where you live

If you live at home please give details of the property where you normally live.

6.1 Property Type

| | | | |
|---|--|--|--|
| Please indicate the type of property where you live (mark with an x as appropriate). | | | |
| Bungalow | | Flat | |
| Terraced | | Semi Detached | |
| | | Detached | |
| | | Not applicable I permanently live in a care home | |
| Other (please give details) | | | |

| | |
|--|----------|
| Do you or your partner pay Council Tax for the property where you live? If yes please provide the amount of Council Tax you are liable to pay | Yes / No |
| £ | |

Please complete section 6.2 if you own the property where you live, 6.3 if you rent or if those options do not describe your living arrangements please provide details of your arrangements at 6.4 below.

| 6.2 Where you live – Owner Occupier (you own or jointly own the home you live in – you should provide proof of any statements you make in this section) | Answer | Evidence attached |
|--|---------------|--------------------------|
| Are you the sole owner of this property? | Yes / No | Yes / No |
| Are you the joint owner of this property? If yes please give details of the other owners, and their share of the property | Yes / No | Yes / No |
| Is there a mortgage secured against this property? If yes please attach details of this including mortgage provider, outstanding amount and monthly repayment amount | Yes / No | Yes / No |
| If mortgaged – Is there a mortgage protection policy? If yes please attach further information regarding this | Yes / No | Yes / No |
| If mortgaged - Is there an Endowment Policy linked to the mortgage? If yes please attach further information regarding this | Yes / No | Yes / No |
| Is this property subject to an equity release scheme? If yes please attach further information regarding this | Yes / No | Yes / No |
| Are there any loans secured against this property? If yes please provide attach details including the loan provider and the amount secured | Yes / No | Yes / No |

6.3 Where you live – Rented Accommodation

| | |
|---|----------|
| Does your partner or any other relative own the property where you live? If yes please give details of their relationship to you | Yes / No |
| Do you rent the property where you live from a private landlord? | Yes / No |
| Do you rent the property where you live from a housing association? (including North Lincolnshire Homes) | Yes / No |
| How much is your rent? How often you pay this (i.e. weekly, monthly, annually, etc.) Please attach evidence of the amount and how often you pay it. | £ |
| Does your rent include any service charges? If yes please provide evidence of these | Yes / No |

6.4 Other arrangements – If your living arrangements are not covered by 6.2 or 6.3 above, please provide details of your arrangements below:

| |
|--|
| |
|--|

7 Details of any former homes

| | |
|--|----------|
| In the last five years have you owned your own home? If yes please give details of when the property sold or when the ownership changed: | Yes / No |
|--|----------|

8 Details of any other property or land

| | |
|--|----------|
| Do you own or have an interest in any other land or property? If yes please provide the address of the property/land: | Yes / No |
| Is this property occupied? | Yes / No |
| Do you receive any rental income from this property/land? If yes please provide details of the amount you receive and the frequency of payments: | Yes / No |
| Is there a mortgage secured against this property? If yes please give further details of this including mortgage provider, outstanding amount and monthly repayment amount | Yes / No |

9 Home Responsibilities

Only complete this section if you are receiving short term residential care.

If you are claiming any home responsibilities, you will need to provide us with evidence of payments for the last 6 months. This needs to be copies of utility bills, rent, mortgage and council tax statements, and copies of insurance documents. Bank statements or Direct Debit mandates will not be sufficient.

| Expenditure | Amount paid | How often paid? | Evidence attached |
|---|-------------|-----------------|-------------------|
| Rent – not met by Housing Benefit | £ | | Yes / No |
| Mortgage repayment – not met by Housing Benefit | £ | | Yes / No |
| Council Tax – not met by Council Tax Benefit | £ | | Yes / No |
| Water | £ | | Yes / No |
| Sewerage | £ | | Yes / No |
| Buildings Insurance | £ | | Yes / No |

10 Disability Related Expenditure

Only complete this if you live at home and incur extra costs directly related to your disability. To consider the expenditure we will need evidence of the costs.

| Type of cost directly related to your disability | Amount paid | How often paid? | Evidence attached |
|--|-------------|-----------------|-------------------|
| Community Alarm System | £ | | Yes / No |
| Privately arranged care to meet assessed needs | £ | | Yes / No |
| Laundry | £ | | Yes / No |
| Special dietary needs | | | |
| Special Clothing/footwear | £ | | Yes / No |
| Extra wear and tear on clothing/footwear | £ | | Yes / No |
| Additional bedding | £ | | Yes / No |
| Extra metered costs of water, above the average levels for the area and housing type | £ | | Yes / No |
| Extra heating costs (e.g. electricity and gas) | £ | | Yes / No |
| Cleaning/domestic help (not provided by family) | £ | | Yes / No |
| Basic garden maintenance (not provided by family) | £ | | Yes / No |
| Window cleaning (not provided by family) | £ | | Yes / No |
| Hire or purchase, maintenance, and repair of disability-related equipment | | | |
| Chiropody | £ | | Yes / No |
| Internet access (for example for blind and partially sighted people) | £ | | Yes / No |
| Travel costs (over and above the mobility component of DLA or PIP) | £ | | Yes / No |
| Bathing | £ | | Yes / No |

11 FINANCIAL REPRESENTATIVE

If the person making this application (the applicant) is looking after their own financial affairs without any assistance you do not need to complete this section.

If someone is acting as the financial representative for the person either Section A or B must be completed together with the representatives information at Section C.

Section A: Voluntary Representative

If you have no formal role you can, with the applicant's consent, act as a voluntary financial representative on behalf of the customer in relation to their social care services. This includes assisting them to complete financial forms, making timely payment of their contribution and telling the council of any changes in their financial circumstances.

| | |
|--|--------------|
| Where the person is a voluntary representative on your behalf you should sign below: | |
| I agree to(insert name) dealing on my behalf with the council in relation to financial matters for social care services. | |
| Signed (by the applicant): | Date: |

| | |
|---|----------------------|
| Section B : Financial representative | please tick ✓ |
| I am acting solely on behalf of this person. | |
| I am acting jointly with (please state below) on behalf of this person. with: | |
| I am the Court of Protection appointed Deputy for Property & Affairs for this person * | |
| I have Enduring/Lasting Power of Attorney for this person * | |
| I have a Power of Attorney for this person * | |
| I am the DWP Appointee for this person * | |
| *If you have ticked any of the above please enclose a copy of your authorisation | |

Section C Financial Representatives Details

| | |
|----------------------------------|---|
| Full Name: (Please Print) | Date of Birth |
| Address: | Telephone Number: (please give the number you prefer to be contacted on) |
| Signed | Date: |

12 Personal Financial Statement – Declaration

The person responsible for making this application for council funding towards the cost of care and support services should read this declaration carefully and sign to confirm their acceptance.

If the applicant has some else acting on their behalf Section 11 must be completed.

I have been told that all social care services provided by North Lincolnshire Council are chargeable (other than the first 6 weeks of Intermediate Care services, which is partly funded by the NHS and includes a therapy plan) and that I may have to make a financial contribution towards the cost of these services.

I consent to North Lincolnshire Council carrying out a financial assessment for social care services to calculate my assessed contribution towards the care costs.

I understand that I may withdraw my consent to the disclosure of such information at any time, by informing the council.

I agree to pay the assessed contribution in accordance with council income collection policies.

I agree that the council may share personal and financial information with the Department for Work and Pensions (DWP) and the Housing/Council Tax Section to assess benefit entitlement.

I agree to promptly inform the council of any changes in my financial circumstances.

I understand that misrepresentation or failure to disclose a material fact may result in action being taken to recover any overpaid money from the person completing this form.

I understand that North Lincolnshire Council is under a duty to protect the public funds it administers, and to this end may use the information provided on this form within this council for the prevention and detection of crime (including fraud).

I agree that the information may also be shared with other bodies administering public funds solely for the prevention and detection of crime (including fraud).

I am signing to certify that the details and information I have completed on this form are true, correct and accurate to the best of my knowledge.

SIGNATURE: (either the applicant or their financial representative as detailed in Section 11 above)

DATE:

FULL NAME: (Please Print)

You will be informed in writing of the outcome of your financial assessment (even when there is a nil contribution due).

You may wish to keep a copy of this application for your reference.