

STATEMENT OF FINANCIAL CIRCUMSTANCES

February 2007

SAS10

for people getting care at home

THE ADULT SERVICES FINANCIAL ASSESSMENT

What we need to know

The questions on this form ask you for the information we need so that we can work out what – if anything – you can be fairly asked to pay each week for the help at home you get from us.

No financial assessment

You do not have to give us details of your financial circumstances if you would prefer not to. If you decide not to, you will have to pay the full rate for the care you get.

Couples assessment or single assessment

You can choose to have a couples or single assessment. If you choose to have a couples assessment you will need to provide details for both you and your partner. However, there is no obligation to provide your partner's details, and the financial assessment can be based on your finances only.

More information

Details of how the assessment works are given in the free Adult Services booklet *The Financial Assessment for Care at Home Services*. You should be given a copy by your care manager – please ask him or her for a copy. If you don't get one, ring 0800 028 0888.

Please complete this form in ink, using **CAPITALS** throughout.

SECTION I Details of the person getting care at home

Mr/Mrs/Miss/other Surname

First names

Address.....

..... Postcode

Telephone..... Date of Birth

Email

National Insurance number: Client

Partner

Marital status (single, married, divorced, separated, widowed).....

Does anyone else live at this address? YES NO

If yes, please give name
and their relationship to you.....

Do you have any dependent children living with you? YES NO

If **YES**, please give number(s) children under 18

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referral

review

SWIFT client reference

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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V-number

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

client group

OP

LD

PD

MH

care manager

.....

email/profs ID

.....

office base

.....

FAB officer

.....

email/profs ID

.....

office base

.....

no financial assessment

third party payment

direct payments

full cost

Hours of care per week

care at home

sitting service

children under 18

FOR OFFICE
USE ONLY**SECTION 2 Name and address for correspondence if different from Section 1**

Normally we send bills for care at home direct to the person receiving help. However, some people ask a friend or relative to deal with all correspondence about charges for them. If you want to do this, please give details here. We will send bills for care received to the person named here, but we assume that they will pay them with money belonging to the person getting help from us.

Mr/Mrs/Miss/other Surname

First names

Address

..... Postcode.....

Telephone.....

Email.....

Relationship to person named in Section 1

Do you have legal authority to act on behalf of the person getting care at home?

YES NO

If YES, please tick the relevant box

Power of attorney Enduring/Lasting power of attorney

Receivership Appointeeship

SECTION 3 No financial assessment

If you do not wish to give details of your finances, please sign this section. If you decide not to, you will have to pay the full rate for the care you get.

I do not wish to give details of my financial circumstances and I agree to pay the full rate for the services I use.

Signed Date

SECTION 4 Benefits advice

I would like further information about benefits

YES NO

Signed Date

If you have decided not to give us details of your financial circumstances we can only give you advice about benefits that are not means tested.

SECTION 5 Your income

Please give the amounts for any income you get from the following sources.

- Throughout this section, please fill in the net amount you receive and tick the box that shows how often you receive it.
- Please always give the full amount that you get, including pence as well as pounds.
- If you have no income from a particular source, please write **NONE** in the amount box.
- If you have more than one income from any particular source, please give the total amount.
- In part C (income from other sources) we want to know how much income you receive from any savings, investments or property you have or any money you have saved or invested. If any of your income is shared with someone else – for example, interest from a jointly – held bank account – you should only enter the amount that you personally receive (for example, 50%). The amounts you give us should be net of tax, not gross.

5A INCOME FROM STATE BENEFITS**INCOME SUPPORT/PENSION CREDIT**

Do you receive Income Support or Pension Credit? YES NO

If YES, give the total amount you receive

£ weekly four weekly (tick as applicable)

If you are getting Pension Credit, do you get Savings Credit?

YES NO

If YES, give the amount you receive (we will ignore this amount) £

Is this income paid to you as part of a couple? YES NO

Do you have a disabled child living with you? YES NO

There are extra allowances that can be added to your personal allowance. Please tick all those in the list below that you are getting. You will find details of what you get inside your benefits book, or in the letter you received telling you about your benefits.

- Disability premium
- Pensioner premium
- Severe disability premium
- Enhanced disability premium
- Carer premium
- Family premium
- Bereavement premium

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USE ONLY**

PROOF

WEEKLY

IS Pers allow (50% if couple)

£

Savings Credit

£

Dis £ Pens £ SDP £ EDP £ Carer £ Fam £ Ber £ weekly IS total £

SECTION 5A Your income (continued)

OTHER STATE BENEFITS

Please tick all the benefits in the list below that you are getting and give the amount that you get.

(tick as applicable) WEEKLY 4 WEEKLY

		CLIENT	PARTNER		
<input type="checkbox"/>	Attendance allowance lower rate	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Attendance allowance higher rate	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Disability living allowance lower rate care component (don't include any mobility component).	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Disability living allowance middle rate care component (don't include any mobility component).	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Disability living allowance higher rate care component (don't include any mobility component).	£			<input type="checkbox"/> <input type="checkbox"/>

If you are **NOT** receiving Attendance Allowance or Disability Living Allowance, have you made an application for one of these benefits?

YES NO If YES, give date of application/...../.....

If NO, please give reason

		CLIENT	PARTNER		
<input type="checkbox"/>	Constant attendance allowance	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Long-term incapacity benefit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Short-term incapacity benefit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Severe disablement allowance	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Carers allowance	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Widow's benefit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Bereavement allowance	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Industrial injuries disablement benefit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Industrial death benefit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	†Disabled persons tax credit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	†Maternity allowance	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	†Statutory sick pay	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	†Working family tax credit	£			<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Any other benefits (please give details)				

		CLIENT	PARTNER		
.....	£			<input type="checkbox"/>	<input type="checkbox"/>

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PROOF WEEKLY
(AA & DLA check ILF & night care)

LAA £ HAA £ LDLA £ MDLA £ HDLA £ CAA £ L/T IB £ S/T IB £ SDA £ ICA £ WB £ BA £ IIDB £ IDB £ †DPTC ... £ †MA £ †SSP £ †WFTC .. £ other £

weekly benefits total

£

† **NOT** counted as income when we are working out any charge for care at home, but knowing whether or not you get them is useful when we are giving you benefits advice.

5B INCOME FROM PENSIONS*(tick as applicable)*

WEEKLY MONTHLY QUARTERLY HALF-YEARLY YEARLY

State retirement pension	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational or private pensions ...	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War pension	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War disablement pension	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War widow(er)s pension	(CLIENT)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(PARTNER)	£	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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state	£	<input type="text"/>
	£	<input type="text"/>
occup/private.....	£	<input type="text"/>
	£	<input type="text"/>
	£	<input type="text"/>
	£	<input type="text"/>
	£	<input type="text"/>
	£	<input type="text"/>
war.....	£	<input type="text"/>
	£	<input type="text"/>
war dis	£	<input type="text"/>
	£	<input type="text"/>
war wid	£	<input type="text"/>
	£	<input type="text"/>
desregard	£	<input type="text"/>
weekly pensions total		
	£	<input type="text"/>

5C INCOME FROM THE INDEPENDENT LIVING FUND

Do you receive payments from the government's Independent Living Fund?

 YES NOILF **5D EARNINGS FROM PAID EMPLOYMENT**

Earnings from paid employment will **NOT** be taken into account when we work out any charge for your care. However, having the information will be very helpful when we are giving you advice about any benefits that you may be eligible to claim. It will only be used for this purpose.

Income from paid employment

£ weekly monthly yearly *(tick as applicable)*Earnings

5E CAPITAL

Please fill in each part of this section that is relevant to you. If you have no capital under any heading, please cross that section through and write NONE. You should provide proof of the figures you give in this section.

BANK ACCOUNTS/BUILDING SOCIETY ACCOUNTS/NATIONAL SAVINGS ACCOUNTS

Please include all current, savings and investment accounts. If any of your accounts are held jointly with anyone else, please give the TOTAL balance of the account. We will only take your share of the total into account.

Name of bank/building society

Account holder(s)

Account number Balance £ Date / /

Name of bank/building society

Account holder(s)

Account number Balance £ Date / /

Continued on a separate sheet

Cash (that is, sums of money over £250 not invested in any account)

Amount..... £

Stocks and Shares

Company name

Number of shares held

Type of shares (ordinary, preference etc)

Value of shares (at visit date and minus 10%) £

Name(s) of share holder(s)

Continued on a separate sheet

NATIONAL SAVINGS CERTIFICATES AND BONDS

This includes national savings certificates, both index linked and ordinary (including the retirement issue), income bonds, deposit bonds, capital bonds. Please give the value printed on the certificate(s) and/or bond(s) NOT the amount that they are now worth.

Type Type

Issue number Issue number

Face value £ Face value £

Date bought Date bought

Continued on a separate sheet

PREMIUM BONDS

Please give the total value of the bonds you hold. £

**FOR OFFICE
USE ONLY**Bank/building
society accounts extra sheet

Stocks and shares

 extra sheetNational savings
certificates and
bonds extra sheet

Premium bonds

OTHER INVESTMENTS

This includes, for example, PEPs, TESSAs, ISAs, unit trusts, war bonds, government stock etc.

Name of holder Name of holder

Type Type

Held with (if applicable) Held with (if applicable)

Current value £ Current value £

Name of holder Name of holder

Type Type

Held with (if applicable) Held with (if applicable)

Current value £ Current value £

Continued on a separate sheet

Have you given away any capital, including property? YES NO

If YES, please give details, including amount of money/address of property etc

Amount £ to whom Date gift was made

Amount £ to whom Date gift was made

Address of property

Value to whom Date gift was made

Continued on a separate sheet

Do you own any other property? YES NO

If yes, please provide address of property

.....

.....

Value £

Please provide copies of any relevant legal documents. We may need to contact you again for further details.

Was any of your capital paid as compensation? YES NO

If YES please give details

Continued on a separate sheet

INCOME FROM OTHER SOURCES**Annuities**

Is this a retirement annuity? YES NO

Source weekly monthly quarterly half-yearly yearly
£

Is this a retirement annuity? YES NO

Source weekly monthly quarterly half-yearly yearly
£

Continued on a separate sheet

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Other investments (please specify)

.....

.....

.....

extra sheet

Gifts (please specify)

.....

.....

.....

extra sheet

compensation

extra sheet

Annuities

extra sheet

Are you the beneficiary of a trust fund? YES NO

If YES, please give details

Source£ weekly monthly quarterly half-yearly yearly Continued on a separate sheet**ANY OTHER INCOME**

This could include, for example, income from letting property, or from bonds.

Source£ weekly monthly quarterly half-yearly yearly Source£ weekly monthly quarterly half-yearly yearly Continued on a separate sheet**FOR OFFICE USE ONLY**

Trust funds

 extra sheet other income extra sheet**SECTION 6 Your expenses****6A GENERAL LIVING EXPENSES**

The government has set standard allowances for general living expenses, depending on your age and disability. The allowance you are entitled to is worked out from the information you have given us on this form.

6B HOUSING COSTS

Rent or mortgage costs are included as a separate expense. Please give the amount you pay for either rent or mortgage, and for council tax. If you do not make rent or mortgage payments, please write **NONE** in the box for the amount.

Mortgage/rent

(tick as applicable) WEEKLY MONTHLY

Mortgage£ or
Rent£ **Housing benefit****Do you get housing benefit to help with your housing costs?** YES NO If YES please give the weekly amount £ **Council tax**

(tick as applicable) WEEKLY MONTHLY YEARLY

Council tax£ **Do you get council tax benefit to help with your costs?** YES NO If YES please give the weekly amount £ housing proofweekly housing ..£ deduct HB£ **weekly housing total**£ C/tax proofweekly C/tax£ deduct CTB.....£ **weekly C/tax total**£ **TOTAL****(housing and council****tax costs) £**

6C DISABILITY RELATED EXPENSES

If you incur extra expenses because you are frail, ill or disabled, we deduct amounts from your income to take them into account. You should provide proof of this extra expenditure.

		WEEKLY	MONTHLY	QUARTERLY	YEARLY
Clothing: special clothing or footwear/costs of wear and tear caused by disability	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic help	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is help with everyday things that aren't personal care for you (see under the 'personal care' item). It could be, for example, cleaning, shopping etc.

Equipment: maintenance

(if equipment is not provided and maintained by Social Services)

bed (powered)	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hoist	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reclining chair (powered)	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stairlift	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wheelchair (manual)	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wheelchair (powered)	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food: special diet for medical

reasons	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Gardening	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Heating: extra heating for

medical reasons	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Home maintenance	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------	------------------------	--------------------------	--------------------------	--------------------------	--------------------------

This covers necessary work to maintain your home in good order that you can't do yourself because of your age or disability. But you should note that jobs that would normally be done by a professional – such as repairs to a roof – would not be included. Things such as cleaning would come under 'domestic help'.

Incontinence: aids.....	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Incontinence: laundry, replacement bedding	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------	------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Lifeline/alarm system bought privately	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------	------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Medication	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------	------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Only where not covered by the NHS.

Personal care arranged

privately	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------	------------------------	--------------------------	--------------------------	--------------------------	--------------------------

'Personal care' means things like helping you get washed, dressed, to the toilet etc.

FOR OFFICE USE ONLYClothing £ Dom help £ **Equip: maint**Bed £ Hoist £ Chair £ Stairlift £ Wheelchair..... £ Wheelchair..... £ Food £ Garden £ Heat £ Home £ Incont £ Incont £ Lifeline £ Medic £ P/care £ **sub total** £

List continued overleaf

6C continued DISABILITY RELATED EXPENSES

WEEKLY MONTHLY QUARTERLY YEARLY

Transport costs if not covered by mobility component of DLA or available from Adult Services ...£

Water: extra costs for medical reasons (this only applies if you have metered water)£

Equipment: purchase of disability-related equipment: please give details of purchase(s) and their cost

Item(s) purchased.....£
£
£

Other

For example, this might include extra costs that are directly attributable to your disability or illness, that you incur when you go on holiday. Please give details, and continue on a separate sheet if necessary.

.....£
£
£

FOR OFFICE USE ONLYTrans £ Water £ Equip: buy £ Other £ **DRE weekly total**£ **SECTION 7 Payment method**

If you are assessed as paying a weekly charge for your care at home, there are various ways in which you can make your payments. Further details are given in the Adult Services booklet *The Financial Assessment for Care at Home Services*.

I wish to pay

- weekly at a post office
(this can be by cash or cheque, and if you choose this method we will send you a paying-in card)
- monthly by debit or credit card
- monthly by standing order
- monthly by cheque

SECTION 8 Declaration

I declare that the information that I have given on this form is true and accurate to the best of my knowledge.

I understand that you will re-check my financial circumstances every year, but I agree to notify you of any major changes in my income or expenses during the year.

I understand that the County Council will store the information given on this form on paper and on computer, and that it will be kept confidential and secure. I also understand that I can ask to see it at any time, in accordance with the Data protection Act 1998*.

I understand that if the County Council has reason to believe that I have deprived myself of a capital asset in order to reduce my charge for care at home I will be treated as if I still possess the asset.

Signed..... Date

* The free Adult Services booklet Your Records gives details of how you can see the information we hold about you.

SECTION 9 Permission to share information

I agree that if necessary the information given on this form may be shared with the Department for Work & Pensions and/or the Disability Benefits Unit to help the County Council verify details and/or give advice about claiming benefits.

Signed..... Date

SECTION 10 Overpaid benefits notice

I have been advised that based on the information given I am not entitled to claim benefits. I have been advised that I am obliged under The Social Security Fraud Act 2001 that I must notify the Department for Work and Pensions (DWP) or that Hampshire County Council will after two weeks advise the DWP on my behalf.

Signed..... Date

SECTION 11 Declaration by care manager / FAB officer

I have verified the information given in this statement.

I have seen proof confirming the figures given

or

I am sending copies of documents that confirm the figures given

To the best of my knowledge I believe the information on this form to be a true and accurate statement of the financial circumstances of

.....
at the date given above.

Signed.....

Name Date

FAB Team / local office

NOTES

For information only

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NOTES

For information only

FOR OFFICE USE ONLY

NOTES

For information only

FOR OFFICE USE ONLY

NOTES

For information only

FOR OFFICE USE ONLY

CALCULATION OF UPPER LIMIT

WEEKLY INCOME

	CLIENT	PARTNER
Income support received (5A, page 3).... £	<input type="text"/>	£ <input type="text"/>
<i>50% if assessed as a couple</i>		
Benefits total (5A, page 4)..... £	<input type="text"/>	£ <input type="text"/>
Pensions total (5B, page 5)..... £	<input type="text"/>	£ <input type="text"/>
Other income total (5E)..... £	<input type="text"/>	£ <input type="text"/>

A Total assessable income £ **A**

WEEKLY DEDUCTIONS

General expenses (IS + 25%)

Personal allowance (pensioner/disability) £	<input type="text"/>	£ <input type="text"/>
<i>50% of couple rate if part of a couple</i>		
Premium	£ <input type="text"/>	£ <input type="text"/>
Enhanced disability premium	£ <input type="text"/>	£ <input type="text"/>
Total IS	£ <input type="text"/>	£ <input type="text"/>
25%	£ <input type="text"/>	£ <input type="text"/>

B Total general expenses £ **B**

C Deduct general expenses (B) from income (A) to give C £ **C**

- If C is zero or negative: no charge, check benefits
- If C is positive, calculate further expenses

Further expenses

Allowance for dependent children: total £	<input type="text"/>
Housing and council tax costs (net of housing and CT benefits) total.... £	<input type="text"/>
DREs total..... £	<input type="text"/>

D Total further expenses £ **D**

E Add B & D to give total expenses (E) £ **E**

F Deduct E from A to give disposable income (F) £ **F**

- If F is zero or negative: no charge, check benefits
- If F is positive, calculate chargeable income

G Assessed Upper Limit £ **G**

Client's weekly charge cannot be more than this, but could be less.

Hours of care per week

Care at Home

Sitting Services

Total cost

£

Weekly charge

£

Calculating officer (signature)

Name (caps)

Date / /

Checking officer (signature)

Name (caps)

Date / /

Start date of care

..... / /

End date of care(if known)

..... / /

Entered Swift

Signed

Date / /

Entered Trojan

Signed

Date / /

Client notified of charge

Signed

Date / /

Payment by third party

Documentation passed to residential for decision

YES NO

SAS10A leaflet with client

YES NO

SUMMARY OF FINANCIAL ASSESSMENT FOR CHARGES FOR CARE AT HOME

SAS10A

Name

Address

Name of FAB officer

Telephone 01962 845600

Client has agreed to pay full cost

This is a summary of your financial assessment based on the information you have given us in the Statement of Financial Circumstances form that you have completed and signed.

Your total assessable weekly income is £

Your total weekly expenses are £

This means that your total disposable weekly income is £

Provided that the figures you have given us in the Statement of Financial Circumstances form are correct, complete and do not change, your weekly upper limit should be no more than £

Your actual weekly upper limit will be confirmed in writing.

Signed.....Date

Method of payment

- Method of payment options: weekly at a post office, monthly by direct debit or credit card, monthly by standing order, monthly by cheque

DOCUMENTATION FOR CAPITAL CONSIDERATION DECISION

SAS10B

Client name

SWIFT reference

Documents attached for decision on capital held: Documents:

- Numbered list 1-4 for document references

Visiting officer

Date sent/...../.....

Received by

Date received/...../.....

Decision

Confirmation and signature lines for visiting officer and NRC