

Statement of Financial Circumstances

for people going into a care home

ABOUT THIS FORM

You need to complete this form if you want to apply for financial help from Adult Services towards the cost of residential care.

The front cover gives you a brief summary of how a financial assessment from Adult Services works, who should fill in the form, and what else is needed. The back cover gives notes to help you fill the form in. When you have completed the form, please detach and keep the outer pages for reference before giving/sending the form back to us.

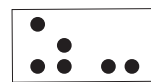
Further details about the financial assessment that Adult Services carries out are given in the free booklet, Paying for Residential Care Guide, which you can get from your nearest Adult Services office or by phoning 0845 603 5630.

Call charges and information

Calls to 0845 numbers will cost between 4p (local rate) and 6p (national rate) per minute for BT customers. Calls made using other service providers or mobiles may cost more.

Alternatively call 01329 225390 - standard and local call rates apply to this number.

Alternative formats on request



or easy to read version or other languages

For further information please contact Hantsdirect on 0845 603 5630.

Who pays?

There is a charge for both short and long term stays in a care home, and most people have to pay a contribution towards the cost, with the amount they pay depending on their financial circumstances. Some people qualify for help with their fees from Adult Services, others pay the full cost themselves.

Financial help from Adult Services

The rules for deciding who can get help with their care home fees from Adult Services – and how much help they get – are laid down by central government, and are the same all over the country. These rules include government allowances (the 'capital thresholds' and the 'personal expenses allowance') which are reviewed annually, with any changes taking effect from April each year. The figures for the current year are given in the Paying for Residential Care Guide.

Please note, even if you qualify for financial help from Adult Services, you will still have to contribute a certain amount towards the cost of your care. This amount would come from your income and/or savings, based on the information you give in this form.

What is taken into account in a financial assessment

We take into account your income, savings, capital and investments, and the value of any properties you own or part-own. Further details are given in the free Adult Services booklet Paying for Residential Care Guide.

Short stays

If you have several short stays in a residential home during a single financial year (that is, between 1 April and 31 March) you need only complete this form for your first stay after the first Monday in April (unless your financial circumstances change).

FILLING IN THE FORM

Who should fill it in and sign it?

You can fill this form in yourself, or you can ask a relative or a friend or someone from Adult Services to help you, and they can fill in the details of your finances from what you tell and show them.

Don't forget, though, that even if someone else fills in the details for you, and tells you what they have said, you should still check what's been written and sign section 9 (at the end of the form) yourself.

However, if someone has **legal authority** to deal with your affairs they can fill in the form and can sign it on your behalf.

Are more documents needed?

We need to see proof of the figures that you enter on the form.

If someone from Adult Services is helping you fill in the form, you must show him or her documents confirming that what you are saying is true (for example, Building Society pass books, or details of pensions). They should also help with any questions you may have and be able to provide advice about the benefits you should be entitled to.

If you are filling in the form yourself (perhaps with the help of a relative or friend) you should enclose photocopies of all the documents that confirm figures on the form. We suggest that you keep a record of the details you have given on the form. Please send the information to us in the envelope provided.

Further information from you

When your form has been completed, it is sent to the County Treasurer's Department in Winchester so that detailed calculations can be made, based on the figures you've given. In some cases the Treasurer's Department may ask for further details about the information you have given on your form. Once we have all the necessary information we will write to you to explain how your charge has been worked out.

Notes to help you

The form gives you details about the information we need as you go through it. There are also further explanatory notes at the back of the form that give more detail about some of the sections of the form. These notes are referred to in the form itself when they are relevant.

You will find more detail about all aspects of the assessment in the *Paying for Residential Care Guide*.

QUESTIONS PEOPLE ASK

What income will I have left when I am living in a care home?

When we work out your contribution to the cost of your care we automatically ensure that you keep a small sum each week for your day-to-day expenses. This amount is decided by the government and is called 'personal expenses allowance'.

How can I pay for residential care?

There are different ways you can pay for your care in a home. If you are having a short stay in care we will invoice you for the amount we have assessed you to pay shortly after your stay.

If you are going into a care home on a permanent basis you would usually pay your charge directly to the home. However, in some cases you can arrange to make payment directly to the County Council either by setting up a standing order or by invoice each month. If you want more information about how to arrange to make payment directly to the County Council you should speak to your care manager or FAB officer when they visit you.

What happens if my financial circumstances change?

If you are staying permanently in a care home, you will have a financial re-assessment each year. But if there are any major changes in between assessments (for example, if an insurance policy matures) you should let the County Council Treasurer's Department know: 01962 845936.

Guide to Residential Care

Published annually by Hampshire Adult Services, it provides

- information about all aspects of residential care
- a detailed list of homes in Hampshire, Portsmouth and Southampton
- advice about choosing a care home.

For a free copy phone 0845 603 5630.

FOR INFORMATION ONLY



Statement of Financial Circumstances for people going into a care home

Please complete form in ink, using **BLOCK CAPITALS** throughout.
The notes referred to throughout are on the back pages of the form.

SECTION 1 Details of person going into residential care *(see note 1)*

Mr/Mrs/Miss/otherSurname.....

First names.....

Address.....

.....Postcode.....

Telephone.....Email address.....

How long have you lived at the above address?.....

Relationship status.....Maiden name (if applicable).....

Date of birth.....National Insurance number

SECTION 2 Details for correspondence if different from above

Mr/Mrs/Miss/otherSurname.....

First names.....

Address.....

.....Postcode.....

Telephone.....Email address.....

Relationship to person named above (eg. son, daughter, solicitor)

FOR OFFICE
USE ONLY
form SAS4

postal

SWIFT client reference

Care manager name

.....

Logon ID

.....

Base

.....

Funding office

.....

FAB visiting officer name

.....

Logon ID

.....

Date of referral

.....

Date of visit

.....

Date of SAS4 sent

.....

Further info requested

Yes No

If yes - see separate
sheet

Type of stay

short stay

trial stay

permanent stay

FOR INFORMATION ONLY

If section 3 is completed,
please give the name of
the home that the client
is moving to

SECTION 3 No financial assessment

If you do not wish to give details of your financial circumstances or if you have over £23,250 in assessable capital, please fill in and sign 3A or 3B. Otherwise please go to section 4.

3A I do not wish to give details of my financial circumstances. I agree to pay the full cost of my care home fees.

Signature.....Date.....

OR

3B I do not wish to give details of the financial circumstances of the person I represent. I agree on their behalf that they will pay the full cost of their care home fees.

Signature.....Date.....

SECTION 4 Details of your residential care

Name of care home

Address.....

.....Date of entering home.....

Permanent stays only

Will there be a trial period? (see note 2) YES NO

If YES, how long is the trial period?

All stays

Are you in hospital at the moment? YES NO

Or were you in hospital immediately before you went into care YES NO

If YES, please give the date you were admitted.....

Have you given details of your financial circumstances for a previous stay in residential care? YES NO

If YES, please give the date of your stay.....

Is this care being funded by a Direct Payment? (respite stays only) YES NO

Date of start of Adult
Services funding

.....

Date charges apply if
intermediate care

.....

Tick if different
from date of
entering residential
care

Capital depleter

Weekly cost of
home

£

Date home paid to

...../...../.....

SECTION 5 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. If you are giving further information for any section, please tick the 'continued on a separate sheet' box and mark the section number (for example, 5C) on the extra sheet.

5A 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 Sort code

Account holder(s)

Account number Balance £ Date / /

Name of bank/building society Sort code

Account holder(s)

Account number Balance £ Date / /

Name of bank/building society Sort code

Account holder(s)

Account number Balance £ Date / /

Continued on a separate sheet

5B Other investments

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

Type

Held with (if applicable)

Current value £ Date / /

Type

Held with (if applicable)

Current value £ Date / /

Continued on a separate sheet

5C Cash (that is, sums of money over £250 not invested in any account)

Amount £

5D Stocks and Shares

Company name

Number of shares held

Type of shares (ordinary, preference etc)

Name(s) of share holder(s)

Continued on a separate sheet

FOR OFFICE
USE ONLY

form SAS4

Bank/building society
accounts

extra sheet

Other investments
(please specify)

extra sheet

Stocks and shares

extra sheet

5E National savings and investments

Type..... Type.....
Held with Held with
Issue number..... Issue number.....
Current value £ [] Current value £ []
Date bought..... Date bought.....

Continued on a separate sheet

5F Premium bonds

Please give the total value of the bonds you hold.

£ []

5G Other income and investment bonds

Please provide copies

Type..... Type.....
Held with Held with
Issue number..... Issue number.....
Current value £ [] Current value £ []
Date bought..... Date bought.....

Continued on a separate sheet

5H Other investments

Any other assets or investments held (please provide details including current value)

Continued on a separate sheet

5J 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.....

Amount £ [] to whom..... Date gift was made.....

Continued on a separate sheet

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

5K Was any of your capital paid as compensation? YES NO

If YES please give details

Continued on a separate sheet

FOR OFFICE
USE ONLY
form SAS4

National savings
and investments

extra sheet

Premium bonds

extra sheet

extra sheet

Gifts (please specify)

.....

 extra sheet

compensation

extra sheet

SECTION 6 Your income

This section is divided into two parts, one covering your income from state benefits and one your income from other sources.

- Throughout the section please fill in the amount you receive and tick the box that shows how often you receive it.
- If you have no income from a particular source, please write NONE in the box for the amount.
- If you have more than one income from any source, please list the amounts separately, continuing on a further sheet if necessary. If you are giving further information for any section, please tick the 'continued on a separate sheet' box and mark the section number on the extra sheet.
- If there are any deductions being made from your benefits, the amount shown must be the amount before the deduction.

Please provide proof of the figures you give in this section.

STATE PENSIONS, PENSION CREDIT (see note 3) AND OTHER BENEFITS

6A Income Support (IS)/Pension Credit

Are you receiving Income Support? YES NO

If YES, how much?

£	<input type="text"/>	<input type="checkbox"/> weekly	<input type="checkbox"/> fortnightly	<input type="checkbox"/> 4-weekly
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Are you receiving Pension Credit? YES NO

If YES, how much of this is Guaranteed Credit? £

If YES, how much of this is Savings Credit? £

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> weekly	<input type="checkbox"/> fortnightly	<input type="checkbox"/> 4-weekly
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> weekly	<input type="checkbox"/> fortnightly	<input type="checkbox"/> 4-weekly

When you move into residential care you may be eligible for IS / Pension Credit (see note 4).

If you are able to claim IS/ Pension Credit, have you done so? YES NO

If NO, will you do so? YES NO

Couples only: Who is the pension credit paid to?

6B State retirement pension

Please give the amount you personally are currently receiving, including any graduated pension and age allowance.

£ weekly 4-weekly

6C Other state benefits

If you are receiving Attendance Allowance or Disability Living Allowance see note 5.

	£	<input type="checkbox"/> weekly	<input type="checkbox"/> fortnightly	<input type="checkbox"/> 4-weekly	<input type="checkbox"/> monthly
Attendance Allowance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance care component	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Disablement Allowance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Widow's/Widower's Pension	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Disability Pension	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces Compensation Scheme	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Disablement Benefit	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you get the mobility component of Disability Living Allowance? YES NO

Does anyone receive Carers Allowance to look after you? (see note 6) YES NO

Throughout the form please tick the relevant boxes to confirm that you have seen proof of the figures/ information supplied.

If there is no income from a particular source, mark as not applicable (N/A)

If there is an extra sheet for any section, tick box and give total of extra sheets on page 7

IS/Pension Credit

PC2 completed date

IS/Pension Credit applied for

Savings Credit

Guaranteed Credit

AIP end date

..... /..... /.....

State retirement pension

AA

DLA

SDA

ESA

War Widow(er)s

Supplementary pension

War Disability

Armed Forces Compensation scheme

Incap Ben

Ind Inj Ben

other

Date AA stopped or date client / rep / DWP advised it to stop

..... /..... /.....

INCOME FROM OTHER SOURCES

Please give amounts net of income tax throughout this section. Please fill in each section that is relevant to you. If you have no income from the source given in any section, please cross that section through and write NONE. If you are giving further information for any section, please tick the 'continued on a separate sheet' box and mark the section number (for example, 6E) on the extra sheet.

6D Occupational and private pension(s)

Source

		weekly	monthly	quarterly	half-yearly	yearly
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on a separate sheet

6E Annuities

Is this a retirement annuity? YES NO

Source

		weekly	monthly	quarterly	half-yearly	yearly
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this a retirement annuity? YES NO

Source

		weekly	monthly	quarterly	half-yearly	yearly
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on a separate sheet

6F Are you the beneficiary of a trust fund?

If YES, please give details

		weekly	monthly	quarterly	half-yearly	yearly
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the trust absolute? YES NO

Is the trust discretionary? YES NO

Please send a copy of the trust document

Continued on a separate sheet

6G Earnings

Are you currently working? YES NO

If YES, will you continue to work while living in the care home? YES NO

If YES, please give your net average weekly wage from the last 8 weeks £

6H Any other income

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

Source

		weekly	monthly	quarterly	half-yearly	yearly
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on a separate sheet

6J Income not yet received

Are you entitled to any income you are not yet claiming/receiving? YES NO

If YES, please give details

		weekly	monthly	quarterly	half-yearly	yearly
.....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupational / private pension

50% required

extra sheet

Annuities

extra sheet

Trust funds

extra sheet

copy of trust document attached

Earnings

extra sheet

other income

extra sheet

SECTION 7 Circumstances where we can ignore some of your income when assessing your charge

7A Sharing income from occupational or private pensions, or a retirement annuity

If you are married and you get income from any occupational or private pensions or a retirement annuity, your husband or wife is entitled to claim 50% of the total amount (which would not then be counted in our assessment of your charge). See note 7.

My husband/wife wishes to claim 50% of this income YES NO N/A

7B Expenses incurred in maintaining your home if you live alone

Are you still maintaining your home while you are in residential care?

YES NO

If YES, please give details of your expenses (see note 8)

Source		weekly	fortnightly	4-weekly	monthly	quarterly	yearly
Rent (after deduction of any housing benefit)	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buildings insurance	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contents insurance	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council tax	£						<input type="checkbox"/>
Water/sewage	£						<input type="checkbox"/>
Other (please state).....	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does anyone else contribute to these expenses? YES NO

If YES

Who contributes? Name Relationship

How much is contributed? £

Are the following services connected?

Electricity YES NO

Gas YES NO

Telephone YES NO

If you plan to move into residential care permanently, please give date when these expenses will no longer apply

- Rent
- Mortgage
- Building
- Contents
- C/Tax
- Water etc
-

total number of extra sheets

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NOTES

Client's name

Name and address of
care home

Starting date of
permanent residence
in care home

12 week disregard

photocopy given
to area finance
section

date

SECTION 8 Your home and other property

Permanent stays in residential care (please complete 8A and 8B)

Please read note 9 before completing this section. Further details about when the value of your home is taken into account and what happens if it has to be sold to pay for care are given in the Adult Services booklets *Paying for Residential Care Guide and Deferred Payments Scheme*.

Short stays in residential care (please complete 8A)

If you own or part-own your home, its value will not be taken into account in our assessment of your charge for a short stay in a residential or nursing home. However, the value of any other property you own **will** be taken into account

8A All stays

Please give details about your home – that is, your permanent home, not somewhere you are living temporarily.

Address
.....
.....Post code.....

Who owns your home – that is, whose name is/names are on the deeds?

I own it
 I own it with someone else
Please give the names on the deeds.....
 a relative owns it
Please give the name on the deeds.....
 it is owned by a private landlord it is owned by the council/housing association
Please provide details of landlord / managing agent.....
 other
Please state.....

Do you own or part-own any other property?

(This could include land, buildings, property abroad – see note 9) YES NO
If YES please give details on a separate sheet. Please include current value(s).

If you do NOT own or part-own your home,
has your name ever appeared on the deeds? YES NO N/A

If YES, when did your name come off the deeds? Date / /
Who owns it now?.....
How was ownership transferred?

If you own (or part-own) the property, what is its current value? £

Is it mortgaged? YES NO
If YES, please give
Name of mortgage lender.....
Account number..... Date of mortgage agreement.....
Amount of outstanding mortgage.....
Where title deeds of property are held if not by the mortgage lender
.....

Who else lives there? Please tick all boxes that apply

My husband, wife or partner. Name.....
 A relative who is over 60. Name..... Relationship.....
 A relative who is under 18 and directly dependent on me
Name..... Relationship.....

- A relative who is claiming or able to claim any disability benefits
Name..... Relationship
- Someone who looks after me who has no other property available to them
Name..... Relationship
- Other
Name..... Relationship
- I live alone

extra sheet

8B Permanent stays

If you own or part-own your home, there are two different things that can mean that its value will not be taken into account in our calculations either for 12 weeks, or longer term (see note 9 on back page and the Adult Services booklet Paying for Residential Care Guide).

If the value of your home is ignored for the first 12 weeks of your permanent stay in residential care under the '12 week property disregard' rule, you will still need to consider how you will meet the cost of your care after that (see note 9 and booklets Paying for Residential Care Guide and Deferred Payments Scheme).

Please tick all boxes that apply

- I declare that the value of my home should not be taken into account as it is still occupied by someone who comes in one of the categories described in note 9.
- I wish to apply for funding assistance for the 12 week property disregard period.
- I am interested in using the County Council's deferred payments scheme.
- my property is currently for sale - see note 10.
- my property will be placed on the market for sale - see note 10.
- I do not intend to sell my property.
- I have not yet decided if I will sell my property.
- I have been offered the County Council's deferred payments scheme but do not wish to apply for this and will fund my care in full after any period of funding assistance from Adult Services that I may be entitled to.

SAS13 given

SAS13 completed

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NOTES

FOR INFORMATION ONLY

SECTION 9 Agreement and Declaration

9A Important Information

1. There will be a charge for the residential care provided by the council. The charge will be the full cost of the accommodation unless you provide evidence to show that you cannot afford to pay the full charge.
2. The council may reassess and vary the charge for the accommodation from time to time.
3. If any property, capital or income is given away or sold for less than its true value, it may be taken into account when the charge is worked out if it was given away with the possible intention of avoiding or reducing the amount payable.
4. Anyone knowingly making a false statement in this form may be liable to prosecution.
5. Signing this form creates legal obligations. This may be in addition to any statutory or contractual obligation that may already exist. Please read the form, the information given on it and the booklet *Paying for Residential Care*. Anyone with queries should ask a council officer or seek independent legal advice before doing so.

9B Declaration and Agreement

I – Signature by Client

Note: please read this form and the answers on it, and the booklet "Paying for Residential Care" carefully before signing below.

1. I confirm that the information given on this form is true and complete to the best of my knowledge.
2. I will notify the Council of any changes in my financial circumstances as set out on this form. In particular, I will notify the Council of any changes to the amount of property, capital or income set out on this form, and of any other property, capital or income to which I am entitled, as soon as I become aware of them.
3. I *[do / do not] have a person acting on my behalf in relation to my financial affairs.

*[4. The person acting on my behalf is(insert name).

I require him or her, and anyone who subsequently acts on my behalf in relation to my financial affairs, to use:

- any of the property, capital and income set out in this form
 - any other property, capital or income which I subsequently acquire
- to pay the charges for my accommodation, to the extent that they are legally entitled to do so.]

* delete if not applicable

SIGNED AS A DEED AND DELIVERED BY:

Signed..... Name Date.....

WITNESSED BY:

Signed..... Name Date.....

Address

.....

II – Signature on Behalf of Client – (client has capacity but cannot physically sign the form)
Client must be present when the form is signed

Note: please ensure that the Client is aware of the contents of this form and the information provided in it, and the booklet "Paying for Residential Care".

1. I have completed this form on behalf of the Client,.....(insert name) at the Client's request.
2. I have read over this form and the information provided on it to the Client and he or she has confirmed to me that the information given on this form is true and complete to the best of his or her knowledge.
3. The Client has promised to notify the Council of any changes in his or her financial circumstances as set out on this form. In particular, the Client will notify the Council of any changes to the amount of property, capital or income set out on this form, and of any other property, capital or income to which he or she is entitled, as soon as he or she becomes aware of them.
4. The Client *[does / does not] have a person acting on his or her behalf in relation to his or her financial affairs.
*[5. The person acting on the Client's behalf is(insert name).

The Client has stated to me that he requires him or her, and anyone who subsequently acts on the Client's behalf in relation to his or her financial affairs, to use:

- any of the property, capital and income set out in this form
- any other property, capital or income which the Client may subsequently acquire to pay the charges for the Client's accommodation, to the extent that they are legally entitled to do so.]

** delete if not applicable*

SIGNED AS A DEED IN THE CLIENT'S PRESENCE AND DELIVERED BY:

Signed..... Name Date.....

WITNESSED BY:

Signed..... Name Date.....

Address

WITNESSED BY:

Signed..... Name Date.....

Address

III – Signature by Person Acting on Behalf of Client.
(where client does not have the capacity to deal with their own finances)

Note: please read this form and the answers on it, and the booklet "Paying for Residential Care" carefully before signing below. This form must be signed by you in the presence of a witness who must also sign it.

1. I confirm that I am acting on behalf of the Client,(insert name), in relation to his or her financial affairs.
2. I am acting on the following basis (tick all that apply):
 - I am acting informally, making 'best interest decisions' at this time. I have been referred by the Council to the Paying for Residential Care booklet and the Mental Capacity Act pages on Hantsweb (www.hantsweb.gov.uk) and I am aware of the position in respect of making an application to become an appointee or a court appointed Deputy.
 - I hold a Power of Attorney on the Client's behalf (please provide a copy)
 - I hold an Enduring Power of Attorney or Lasting Power of Attorney on the Client's behalf, which HAS NOT yet been registered with the Court of Protection.
(please provide a copy, and notify the Council when it has been registered)
 - I hold an Enduring Power of Attorney or Lasting Power of Attorney on the Client's behalf, which HAS been registered with the Court of Protection.
(please provide a copy, and a copy of all orders of the Court of Protection)
 - I have been appointed by the Department for Work and Pensions or its agencies to act as the Client's appointee for benefits purposes. (please provide a copy of the letter confirming your appointment)
 - I have been appointed as Receiver or Deputy by the Court of Protection.
(please provide all orders of the Court of Protection)
3. I confirm that the information given on this form is true and complete to the best of my knowledge.
4. I will notify the Council of any changes in the Client's financial circumstances as set out on this form. In particular, I will notify the Council of any changes to the amount of property, capital or income set out on this form, and of any other property, capital or income to which the Client is entitled, as soon as I become aware of them.
5. I undertake to use:
 - any of the property, capital and income set out in this form
 - any other property, capital or income which the Client may subsequently acquireto pay the charges for the Client's accommodation, to the extent that I am legally entitled to do so.

SIGNED AS A DEED AND DELIVERED BY:

Signed..... Name Date.....

Address

WITNESSED BY:

Signed..... Name Date.....

Address

SECTION 10 Data protection

I understand that Hampshire County Council will store the information given on this form and any additional information on paper and computer, and agree that:

- if necessary it may be shared with the Department for Work and Pensions and/or Disability Benefits Unit to help the Council verify details and/or give advice about claiming benefits
- if necessary, and in the best interests of the service user, it may be shared within the department and with other County Council departments to help ensure that the right services are provided.

I also understand that the information will be kept confidential and secure and that I can ask to see it at any time, in accordance with the Data Protection Act 1998.

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

Signed

Name Date.....

Informing the Department for Work and Pensions of change of circumstances

I have been informed that I must contact the Department for Work and Pensions to advise them of my change of circumstances for any benefits I am in receipt of.

Signed Date.....

SECTION 11 Declaration by FAB officer / care manager

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/Adult Services Office

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NOTES TO HELP YOU WHEN YOU ARE FILLING IN THIS FORM

You will find more information in the free Adult Services booklet *Paying for Residential Care Guide*.

Note 1

For simplicity we have used the phrase 'person going into residential care', but this form also applies to someone who is already living in a care home, but is only now applying for financial help from Adult Services.

Note 2 'Trial period'

There are two kinds of trial periods (both normally up to 28 days) when you move into a care home. You can have a trial period in a home to decide **either** whether it is the right home for you **or** whether or not you want to move permanently into residential care. The trial period referred to in this form is the latter.

If you are planning a trial stay to decide whether you want to move into permanent residential care, you should discuss this with your care manager, as this may need to be taken into account when the cost of your care is worked out.

Note 3 Pension Credit

There are two elements to Pension Credit: Guarantee Credit and Savings Credit. If you are getting *Guarantee Credit* this will be taken into account in full in your financial assessment. If you are getting *Savings Credit* we can ignore all or part of it depending on your circumstances. You need to tell us about both parts so that we can make the correct allowances.

Note 4 Income Support (IS) / Pension Credit when you go into residential care

If you are able to claim Income Support/Pension Credit we expect you to do so, so that the money you get can go towards the cost of your care. If you qualify for IS/Pension Credit, but do not claim it, we will assume that you are getting it when we work out what you should pay for your care.

If you are already getting IS/Pension Credit you should let the the Department for Work & Pensions know that you

are going into residential care. They may ask you to fill in another form to give details of your stay in a care home. Please note that you only have one month to return the IS/Pension Credit claim form.

You should note that if you are moving permanently into a care home, you may find that you become eligible for IS/Pension Credit.

You can get advice and help about IS/Pension Credit from your local Department for Work & Pensions office, from Age Concern, or from your local CAB.

Note 5 Attendance Allowance (AA) and Disability Living Allowance (DLA)

- We do not take the mobility component of DLA into account when we calculate how much income you get. You will continue to get it after you move into residential care.

Please do not include the mobility component of your DLA in your income in section 6 of the form.

- If you are going into residential care for a **short stay or for a trial period**, any AA or the care component of any DLA that you get is not taken into account when we calculate how much income you get, and you will continue to receive it.

We ask you to give details of these benefits on the form, but they will be ignored for the assessment of your charge for a short stay or trial period.

- **If you get financial help for your care from Adult Services and you get AA or DLA** your benefit (excluding the mobility component of DLA) will stop 28 days after you have left your own home. You should tell the Department for Work & Pensions that you are going to move into residential care so that they can stop your benefit at the right time. If they overpay you, they will reclaim the money later. If you are in permanent residential care for any of the 28 days while your benefit is still being paid Adult Services will count it as contributing to the cost of your care.

- **If you are being funded by Adult Services under their deferred payments scheme**, you can keep your AA or DLA, but it will be taken into account when we work out what you will pay.
- **If you are paying for your care yourself and you get AA or DLA** you can keep your benefit and you can use it to contribute to the cost of your care.

Note 6 Carers Allowance

If someone is getting Carers Allowance to help look after you at home you should tell the Department for Work & Pensions that you are moving into residential care permanently as the benefit cannot continue to be paid once you have moved into a home.

If you are going into a home for a short stay, Carers Allowance will continue to be paid for up to 28 days.

Note 7 Claiming 50% of income from occupational or private pensions or retirement annuities

If your husband or wife decides to claim 50% of your income from pensions or retirement annuities this may affect his or her claim to benefits such as Income Support. If you are not sure whether this is the best course of action for you to take, you can get advice from your local Citizens Advice Bureau or from an independent financial adviser (see *Paying for Residential Care Guide* for more details).

Note 8 Maintaining your home while you are living in residential care

If you need to maintain your own home while you are in residential care for a short stay or a trial period, or while you are trying to sell your home to pay for your care, or during any notice period on rented accommodation, we may be able to make allowances for the expenses that you incur. However, this will normally only apply if you live alone.

Note 9 Property

What is meant by property?

- 'Property' means any building, accommodation or land that you own or part-own. It includes your home, and, for example, houses or commercial premises that are rented out, mobile homes or houseboats, or houses that are lived in by someone else.

Moving permanently into residential care

- We ask for information about **other people** who live with you so that we know whether, if you own the property, its value should be taken into account and/or whether you have dependents whose financial needs should be considered.

When the value of your home is not taken into account

- We ask for information about other people who live with you so that we know whether, if you own the property, its value should be taken into account and/or whether you have dependents whose financial needs should be considered.

• When the value of your home is not taken into account

There are two different things that can mean that the value of your home isn't taken into account in our calculations. One is when a relative continues to live in your home, the other is if you qualify for the '12 week property disregard'. However, if you own any other property, or own a property you were not living in when you went into a care home, its value will be taken into account from the outset.

When a relative continues to live in your home

If your home is the only property you own or part-own AND it is the permanent home of a relative who comes into one of the categories below, its value will not be taken into account. However, its value will only be ignored for as long as your relative continues to live there.

The relative living in your home must be one of the following

- a) your husband, wife or partner **or** b) over 60 **or** c) under 18 and directly dependent on you **or** d) claiming or able to claim any disability benefits.

The '12 week property disregard'

The '12 week property disregard' applies to people who would qualify for financial help from Adult Services if the value of their home were NOT taken into account. If you have other capital that takes you over the upper capital threshold, you do not qualify.

If you qualify, it means that the value of your home will not be counted for the first 12 weeks of your permanent stay in residential care. This means that what you are charged for your care during this period will be based only on any other capital, savings or income you have. After 12 weeks your charge will be re-calculated to take account of the value of your home.

If your capital is likely to fall below the upper capital threshold during the first 12 weeks of your permanent stay in residential care, you should let Adult Services know.

- We need to have details about **current and past ownership of the property you live in**, to make sure that you have not transferred ownership of the property to avoid its value being taken into account in your assessment.

Note 10

If you own a property and it is on the market for sale, this could affect the benefits you are entitled to. In some circumstances it may entitle you to additional Pension Credit or Income Support. The FAB Visiting Officer should be able to advise you about this. If you are entitled to additional benefits we will include these when we work out your charge.

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