

SAS 4h

# Statement of Financial Circumstances

for people going into a care home



**Hampshire County Council complies with the Data Protection Act 1998 and your data will be only used for assessing your charge for residential care.**

FOR OFFICE  
USE ONLY  
form SAS4h

## STATEMENT OF FINANCIAL CIRCUMSTANCES FORM Local Authority Hostel clients – Short Stay For stays from 11 April 2011 onwards

This form should only be completed for clients going into a Local Authority Hostel for a short stay – where they do not wish to give details of their financial circumstances or they are on Income Support only.

In all other cases for Local Authority Hostel clients – either permanent clients or not on Income Support, please complete a SAS4 – Statement of Financial Circumstances form.

Please complete form in ink, using BLOCK CAPITALS throughout.

postal

SWIFT client reference

### SECTION 1 Details of person going into a Local Authority Hostel for a short stay

Mr/Mrs/Miss/other .....Surname.....

First names.....

Address.....

.....Postcode.....

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

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

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

Date of birth.....National Insurance number

Care manager name

Logon ID

Base

Funding office

FAB visiting officer name

Logon ID

### SECTION 2 Details of representative of person going into a Local Authority Hostel for a short stay

The form must be signed by the person going into care where they have capacity to understand the financial assessment. All correspondence will be sent to the person in care where they have signed the form unless they do not wish to receive this information.

Do you wish for correspondence to be sent to someone other than yourself?  YES  NO  
If YES, please give details below (over leaf)



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Mr/Mrs/Miss/other .....Surname.....

First names.....

Address.....

.....Postcode.....

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

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

Do you have legal authority to act on behalf of the person going into residential care?

YES  No If YES, is this:

Power of attorney  Enduring power of attorney  Receivership

Lasting power of attorney

Is this registered with the Court of Protection?  YES  NO

If NO, but you are in the process of applying for legal authority, please send copies of the relevant papers when you receive them to the County Treasurer's Department

Please enclose copies of relevant legal documents

Please tick which of the following you have authority to deal with

property  bank accounts  investments

savings other (please state) .....

Power of attorney etc  
 copy enclosed

### SECTION 3 No financial assessment

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

#### 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.....

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

### SECTION 4 Details of your residential care

Name of Local Authority Hostel

Address.....

.....Date of entering hostel.....

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.....

### SECTION 5 Charge for your care in a Local Authority Home Short stays only

1. Are you in receipt of Income Support?  YES  NO

If the answer to the question above is Yes proceed below - if not please complete a SAS4 Statement of Financial Circumstances form so that the charge for your care can be assessed.

2. Do you live alone?  YES  NO

3. Do you have any expenses for your usual address, while staying in the Hostel?  YES  NO

If you have answered Yes to question 2 and 3 your charge will be £40.25 a week for your stay at the Hostel

If you have answered No to question 2 or 3 your charge will be £60.41 a week for your stay at the Hostel

If you wish to be financially assessed for your stay, please complete a SAS4 Statement of Financial Circumstances form.

## SECTION 6 Declaration (this section must be completed)

### Terms of agreement

I understand that there will be a charge for accommodation.

I agree to pay Hampshire County Council (the Council) or its agent for the accommodation.

I agree to repay any charges incurred where the Council pays the accommodation provider, or where the Council provides me with an interim loan.

I understand that the Council may reassess and vary the charge for the accommodation from time to time.

I give the Council permission to use any information it may hold to complete a financial assessment.

I understand that any capital or property given away or sold for less than its true value may be taken into account when the charge is worked out if it was given away with the possible intention of avoiding charges for residential care.

I will notify the Council's Treasurer's Department immediately of any change of circumstances and/or changes to the information I have given.

### Criminal Liability

You should note that Section 52(1) of the National Assistance Act 1948 states that anyone knowingly making a false statement for the purpose of avoiding or reducing liability under the Act renders themselves liable to a fine and/or imprisonment.

### Civil Liability

I understand that I am personally liable to pay the accommodation charges and that civil proceedings may be issued for recovery of any outstanding debts incurred.

### Third party acting on behalf of the client

I understand that if I undertake the responsibility for the client's financial affairs and/or collect benefits on the client's behalf I am responsible for ensuring those monies are paid towards care. If I fail to pay accommodation charges on the client's behalf I will be personally liable to repay any debts incurred.

### Information and guidance

I have read and understood the Statement of Financial Circumstances and the terms of this declaration. I have been provided with a copy of the booklet Paying for Residential Care.

### Statement of truth

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

Signature.....

Name.....Date .....

Signed on behalf of.....

*If you are signing on behalf of the person going into a care home, you must be the person named in Section 2 and have legal authority to act.*

Witnessed by.....Date .....

Name .....

Address .....

.....

### SECTION 7 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.

Signature.....

Name.....Date .....

### SECTION 8 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.

Signature.....

Name.....Date .....

FAB Team/Adult Services Office.....

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