

Financial Statement Form – Adult Social Care Services

The information requested in this form is necessary within the requirements of the Care Act 2014, for the council to determine financial contributions to be made for social care services.

This form must be completed by all users of adult social care services.

Please complete all sections on the following pages. **Please write 'none' where applicable.** Financial statements are reviewed periodically. **Please note that we may seek verification of the information provided.**

Failure to provide the information required to complete a financial assessment within 14 days of the initial contact by the financial assessment and charging team may result in a charge for the full cost of the service being applied.

Full name of applicant:

National Insurance Number:

Paris ID:

Date of birth:

Marital status:

If recent hospital stay, please state date of admission to the hospital:

Email address:

Present address:

Telephone number:

Home address: (if different from above)

To enable the council to complete a full financial assessment and benefit check, you will need to provide us with your spouse or partners details below. Your partners savings and investments will not affect your financially assessed client contribution.

(If your partner does not wish to disclose their finances, please state do not wish to disclose. Or, If you do not have a spouse or partner, please state none.)

Full name of spouse or partner:

National Insurance Number:

Paris ID:

Date of birth:

Marital status:

Email address:

Present address:

Telephone number:

Home address: (if different from above)

If you have over the capital limit or do not wish to disclose your financial information

If you can afford to pay the full cost of your social care service or you have resources which exceed the Government's threshold for assisted funding (explained in the leaflet entitled 'Charging for Adult Social Care Services') you can sign below to pay the full cost charge of your service and not complete the rest of the financial statement. You may also choose to sign below if you do not wish to disclose your income or assets and agree to pay the full cost of your service. Please note; by doing this you will be liable for the full cost of any services provided.

I do not wish to disclose my finances

I have over the capital limit of £23,250

I understand that in future, should I wish to apply for assisted funding it will be necessary to complete the financial statement form. However, any resulting lower charge may not be backdated. I also declare that I have been given a copy of the 'Charging for Adult Social Care Services' leaflet and understand the information contained within it.

Signed:

Date:

If you feel that you cannot afford to pay the full charge, please complete all sections on the following pages. If there is not enough space in a section, give details on a separate sheet and enter the total in the form.

Residential and nursing care services

Name of residential or nursing home:

Date of admission:

Date of commencement of funding (if different from date of admission):

This is a [**temporary**] [**permanent**] placement (please delete which does not apply).

Date of permanency: (please specify date):

Social care worker:

The present full charge for the residential or nursing home accommodation is £ _____ per week

Local authority care band rate:

First or third party top-up payment:

Non-residential services

Service type:

Start date:

Income

		Benefit pay day	Weekly amount	
		Please state on what day your benefit is paid.	(If none, state none)	
			You	Partner
			£	£
State retirement pension				
Pension credit	Guaranteed credit			
	Savings credit			
Income support				
Attendance allowance (Please notify DWP of admission to care as this may affect payment of this benefit)				
Disability living allowance (Please notify DWP of admission to care as this may affect payment of this benefit)	Care component			
	Mobility component			
Personal independence payment (Please notify DWP of admission to care as this may affect payment of this benefit)	Daily living			
	Mobility			
Is anyone claiming carers allowance for caring for you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employment and support allowance/Incapacity benefit				
War disablement pension (Please give a breakdown of your war disablement pension)				
War widows pension (Please give a breakdown of your war widows pension. If you receive a war widows special payment, please state the amount of the special payment separately)				
Universal Credit (please provide the a copy of the breakdown or journal)				
Severe disablement allowance				
Any other state benefit (Please specify)				
Are you in receipt of housing benefit?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you in receipt of council tax support?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Income

In the following section, please state the amount received

	Monthly amount (If none, state none)	
	You £	Partner £
Occupational pensions (Please state who pays this pension)		
Personal pensions (Please state who pays this pension)		
Annuities (Please specify type of annuity)		
Rents from furnished or unfurnished lettings (Please state address of properties)		
Wages/Salary (Please state name and address of employer)		
Equity release scheme or Home income plan		
Any other income (Please give full details)		

Capital, savings and investments

Please give details of all current accounts, savings and investments and supply a copy of the latest statement, savings book etc.

Note: If any account is held in joint names, the full balance should be noted together with the names of the account holders.			Total amount (if none, state none)		Office use only
			You £	Partner £	
Bank/building society	Name on account	Account number			
Post Office accounts	Name on account	Account number			
Capital/Income bonds (State the amount invested and specify the type of bond)					
Premium bonds					
Unit trusts, PEPs or ISAs (State trust company, investment fund and number of units held)					
National Savings Certificates (State issue number(s) and date(s) of purchase)					
Stocks and shares (State company and number of shares held)					
Any other capital resources					

Have you made gifts of any property or capital? Yes No

If yes, please state the total value: £ _____, and provide details, including the names of those who received the gifts, their relationship to you, the amounts they received, the dates on which the gifts were made and the reason for the gifts. **Please refer to note 2 on the back page.**

Property

1. Do you own property? Yes (Go to question 4) No (Go to question 2)

2. Have you ever owned a property? Yes (Go to question 3) No (Go to page 9)

3. Has it been sold?

Yes, on what date?*

How much for?*

No (Go to question 11)

*If you sold your property within the last five years, please enclose a copy of the completion statement.

Please quote figure net of selling expenses and mortgage redemption payments, eg, the amount you actually received on completion and **not the selling price.

4. How many properties do you own? (Please state number)

Please state the approximate year of purchase

5. Please give the address(es) of your property/properties

6. Is the property/Are the properties leasehold* or freehold*? (*Delete the one which does not apply)

7. Do you have a mortgage on your property or properties? Yes No

If yes, please state the value of the outstanding mortgage – £

Name of lender

8. Are there any other charges secured against your property? Yes No

(If yes, please give details)

9. Are you the sole owner? Yes (Go to expenditure) No (Go to question 10)

Property

10. Who owns the property with you? (Please state)

Name and address

Relationship

Are they a joint tenant* or tenant in common*? (*Delete the one which does not apply)

If they are a tenant in common, what percentage share do they own?

11. If you are no longer the legal owner of a property but you did not sell it, how has the property been disposed of? Please refer to note 2 on the back page. (Please give details)

Expenditure

Total outgoings for the property you live in		Please quote total outgoings in each case (even if the outgoings are shared with other householders).		
Do you live alone? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If other people live with you, please state their name, their relationship to you and their date of birth;				
Name	Relationship			DOB
_____	_____			_____
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
Mortgage repayment		per month		
Endowment insurance (Mortgage only)		per month		
Rent payable (if you are in receipt of Universal Credit, please provide a copy of the breakdown or journal)		per week		
Rent element only		per week		
Support costs		per week		
Other charges		per week		
Total		per week		
Less local housing allowance		per week		
Amount paid by you		per week		
Council tax (Please state the amount you actually pay, net of any council tax support)		per year		
Water charges		per year		
Insurance premiums (Property only)	Buildings	per year		
	Contents	per year		
Ground rent		per year		
Property maintenance or service charge		per year		
Electricity (Standing charge only)		per quarter		
Gas (Standing charge only)		per quarter		
Do you have Wightcare services in place? If so please state the amount paid.		per week		
Notes				

Adult social care privacy notice

The Isle of Wight Council is the data controller for the personal information you provide on this form for the adult social care department. The council's data protection officer is the head of legal services and the monitoring officer and can be contacted at **dpo@iow.gov.uk**

You can contact the council by phone on **01983 821000**, or by writing to us at **County Hall, High Street, Newport, Isle of Wight PO30 1UD**.

Your information will be used so that we can fulfil our statutory duties for the purpose of providing information, advice and social care services. Data protection law describes this legal basis as necessary for compliance with a legal obligation.

Your personal data may be shared with other teams within the council or other organisations such as the NHS, Clinical Commissioning Group, care providers and other organisations we work with for the purpose of providing information, advice and social care services – a full list of organisations we work with can be found on our website **iow.gov.uk/privacynotice**

We may also share it with other local authorities or debt collection agents if necessary for the collection of council tax debt. We may share the data with third parties if we are required by law to do so. This may include the Police or Government agencies.

We will share your data with other relevant teams within the council or other relevant organisations if a child or adult safeguarding issue arises and places an individual at risk of harm.

We will keep your personal data for as long as we are required to do so under relevant legislation or in accordance with our operational requirements. You can view our retention schedule on our website **iow.gov.uk/documentlibrary/view/retention-policy-2011**

For further details on how your information is used, how we maintain the security of your information; and your rights, including how to access information we hold on you and how to complain if you have any concerns about how your personal details are processed, please visit **iow.gov.uk** or email **information@iow.gov.uk**

Please note: if you are admitted to hospital while you are in residential/nursing care and your bed in the home is kept open pending your return, you will remain liable to pay your financially assessed client contribution while the bed or room is kept open for you.

Declaration

- 1** If the person signing the financial statement is not the applicant, please indicate whether the signatory:
 holds a valid power of attorney/court of protection* Yes No Applying
 is a DWP appointee Yes No Applying

***If you have indicated that you have authority, you will need to provide a copy of these documents.**

- 2** If you do not have a power of attorney or court-appointed deputy but someone else is dealing with your financial affairs and you wish us to contact this person directly, please give their name, address, telephone number and email address.

By filling out this section you are authorising the individual named below to receive all adult social care invoices, statements and correspondence and deal with these on my behalf. You will still remain legally responsible for payment of all charges and failure to pay may result in legal action being taken against you.

I wish for the named person below to receive all invoices and correspondence on my behalf and understand I will not be sent a copy

I wish for the named person below to be sent a copy of all invoices and documentation as well as myself

Name and address

Telephone

Email

- 3** Please note that you cannot reduce how much you have to pay by deliberately giving away or not telling us about part of your savings or income. If you do this, you are liable to pay as if you still have them.

- 4** Failure to provide the information required to complete a financial assessment within 14 days of the initial contact by the financial assessment and charging team may result in a charge for the full cost of the service being applied.

- 5** If you do not pay the amount you have been assessed to pay towards your services, the council will contact you to discuss this and always try to arrange an agreement with you so that you can pay the amount outstanding.

If you continue to miss payments, the Isle of Wight Council will refer the matter to its debt recovery team for commencement of the council’s standard debt recovery procedure. This will result in enforcement action before the County Court where interest and court fees will be added to the debt being accrued.

DECLARATION

I declare that the particulars given in this statement are true to the best of my knowledge and I will inform you of any changes that occur. I understand that the information I have given in this form will be used to assess my charge for adult social care services and I agree to pay my assessed charge. I also declare that I have been given the leaflet entitled 'Charging for Adult Social Care Services.'

I accept that the Isle of Wight Council may share any information in this financial statement with other government bodies responsible for auditing or administering public funds.

Signed:

Date:

Print:

Further information, help and advice

You can contact the financial assessment and charging team on **01983 823479**.

You can get further independent information, help and advice about your own circumstances (including paying for your care, deferred payment scheme, court of protection procedure, or lasting power of attorney procedure) from the following:

- Money Advice Service **www.moneyadviceservice.org.uk**
- Society of Later Life Advisers (SOLLA) **www.societyoflaterlifeadvisers.co.uk**

They can help you find a specialist adviser in your area.

The Isle Help Advice Hub also provides a central contact point for Citizens Advice Bureau and Age UK.

The hub can be contacted on **03444 111 444** (advice line for landlines) or **0300 3300 650** (advice line for mobiles) or **islehelp.me**

If you have difficulty understanding this document, please contact us on 01983 823479 and we will do our best to help you.