

Financial Circumstances Form

Services at home or in the community

Valid from April 2019

Introduction

Who should fill in this form

This form is used to tell the Personalised Financial Services Team about the financial circumstances of a person who has services at home or in the community.

The form can be filled in by the service user, or by someone else who is helping them. When reading the form, 'you' means the person who is using the services.

If this form is being filled in on behalf of the service user, there is a space for that person to sign the declaration at the end of the form. There is also a space in Section 3 'Agree to pay the full charge', if this section is applicable.

When to fill in this form

You need to fill in this form if you use any of the following community care services:

- Personal or domestic care
- Personal budgets
- Direct Payments

- Warden schemes
- Shared lives
- Respite
- Daycare
- Telecare
- Transport
- Blitz Clean

The information in this form will help us work out how much of your own money you need to spend on your support.

Information on how we work this out is in the Contributions for Care at home or in the community services booklet. If you would like a copy of this booklet, please contact the Finance Assessment & Income Recovery Team on 020 7527 3417 or email incometeam@islington.gov.uk. Further information can also be found at www.islington.gov.uk

If you don't want to give us information about your finances

You can choose not to fill in Sections 4-6 of this form. But this means we will charge you for the full cost of your services.

Everyone using community care services needs to fill in this form and sign the declaration in Section 8.

Please note that failure to return a completed financial circumstances form will result in you being charged the full cost from the start date of your service.

For office use only

Form sent by

Team

Date

Help to fill in this form

If you need help to fill in this form, please contact the Personalised Financial Services Team on:

Telephone: 020 7527 3417
E-mail: incometeam@islington.gov.uk
Address: Financial Assessment & Income Recovery Team, 1st Floor, 7 Newington Barrow Way, London N7 7EP.

If you require assistance to complete the Financial Circumstances form, one of our finance officers can make an appointment to visit you at your home or arrange a meeting in the office. We can also answer any questions you have over the telephone on the number above.

For independent advice please contact:

Islington's Citizen's Advice Bureau

Telephone: 0844 4111 444
Address: 222 Upper Street, N1 1XR

Disability Action Islington

Telephone: 020 7226 0137
Address: 90-92 Upper Street, Islington, N1 ONP

Centre 404

Telephone: 020 7607 8762
Address: 464 Camden Road, London, N7 OSJ

Further advice contacts can be found in the contributions for care at home or in the community booklet.

Once you have filled in the form, please send it to:

Financial Assessment & Income Recovery Team
1st Floor, 7 Newington Barrow Way,
London N7 7EP.

If your financial circumstances change

If your income or benefits change, please contact the Personalised Financial Services Team in order to complete a reassessment.

If your financial circumstances change before we get in touch, please tell us.

Important information

- If the Personalised Financial Services Team does not get a completed form about your financial circumstances, you will be charged the full cost of your support.
- You must make sure that you or the person who is filling this form in for you has signed the declaration on page 8 of this form.
- Please remember to send us copies of any of the documents we ask for in the form.

Please complete this form in full using black ink.

Before you complete it, you should read the 'Contributions for Care at Home or in the Community' booklet. If you need assistance please contact the Personalised Financial Services Team on 020 7527 3417.

Section 1: Service user information

First name: Title:

Last name:

Address:

Postcode:

Telephone: Date of birth:

National Insurance Number: Male / Female:

Email address:

Please provide proof of identification copy of Passport/Driving Licence and proof of address e.g. utility bill or bank statement

Are you:	single <input type="checkbox"/>	living with a partner <input type="checkbox"/>
	married <input type="checkbox"/>	widow/widower <input type="checkbox"/>
	separated/divorced <input type="checkbox"/>	

Do you live:	alone <input type="checkbox"/>	with other people <input type="checkbox"/>
	with a partner <input type="checkbox"/>	with children <input type="checkbox"/>
	with family <input type="checkbox"/>	

Do you have a hearing impairment: Yes No

Do you have a visual impairment: Yes No

Is the property you live in a:	flat / terrace <input type="checkbox"/>	semi detached <input type="checkbox"/>
	detached <input type="checkbox"/>	

Do you live in:	property that you own <input type="checkbox"/>	Other <input type="checkbox"/>
	rented property <input type="checkbox"/>	Please provide details: <input type="text"/>

If you live in a property that you don't own, have you ever owned a property? Yes No

If yes, what was the address

Partner's details

First name: Title:

Last name:

Address:

Postcode:

Telephone: Date of birth:

National Insurance Number: Male / Female:

Email address:

Section 2: Financial management

Do you manage your own money (eg pay your bills using your own money)? Yes No

If you answered 'No', please tell us who does in the section below.

They need to have the legal right to manage your money. Please tick the option below that describes the legal right this person has.

You will need to send in a copy of the document that proves they have the legal right to manage your money.

The person who manages my money

First name: Title:

Last name:

Address:

Postcode:

Telephone: Relationship to you:

Email address:

Who would you like us to contact if we have questions about your money?

Me Contact person

Telephone Letter Email Other

Their legal right to manage my money

What legal right does this person have to manage your money?

Power of attorney Department for Work and Pensions appointee Deputy

Informal representative

Other (please explain)

You must send us a copy of the document proving this person has the legal right to manage your money.

Section 3: Agree to pay the full cost

Please complete the following section if you agree to pay the full cost for your services. You do not need to fill in Sections 4-6 of this form. Please go to the back of the form and sign the declaration.

I agree to pay the full cost for my community care services.

Name of service user:

Signature of service user:

Date:

OR, I agree to pay the full cost on behalf of the service user.

Name of person signing on behalf of the service user

Signature

Date

Section 4: Your income

Please provide evidence of your different income types e.g. letters or bank statements.

Income	Weekly amount you receive
Attendance allowance	£
Personal Independence Payment (care component)	£
Personal Independence Payment (mobility component)	£
Employment Support Allowance	£
Incapacity benefit	£
Income from an insurance policy	£
Income support	£
Income from trusts/annuities	£
Income from work	£
Job seekers allowance	£
Other (please give details)	£
Pension credit (Guarantee credit)	£
Pension credit (Savings credit)	£
Personal independence payment	£
Private/occupational pension (1) Name of pension provider:	£
Private/occupational pension (2) Name of pension provider	£
State retirement pension	£
Severe disability premium	£
Severe disablement allowance	£
War disability pension	£

If you receive universal credit, please provide the breakdown in the box below: (Please send us the letter from Jobseeker Plus)

Income support	£
Jobseekers Allowance	£
Employment and Support Allowance	£
Housing Benefit	£
Child Tax Credit	£
Working Tax Credit	£

More about your income

Do you receive any money from the Independent Living Fund (ILF)? Yes No

If no go to Section 5

If yes, please send us a copy of the ILF letter.

If so, how much do you get each week?

How much of your own money do you pay?

What is your ILF reference number?

We will contact the ILF for information to help us work out your community care charge.

Have you applied for any other benefits (including housing benefit?) Yes No

If yes, what benefit and when did you apply for it?

Section 5: Capital

Savings (this means all forms of savings/money you have). Please note we require the most recent monthly statements for all accounts listed.

If you do not have an account, please tell us where and to whom you income/benefits are paid.

Bank/Building Society/Post Office	Account number	Balance	Joint account?	Seen by council staff

Stocks/Shares/Investments

Company	Number of Units	Joint investment	Seen by council staff

Gifts

Have you given any cash gifts over £500 to relatives, friends etc. in the last six months? Yes

No

If YES, please tell us who you gave money to, when, how much and why.

Section 6: Your spending

Housing costs: Please tell us about your spending. Please provide proof.

Do you receive: Housing Benefit Yes No Council Tax Support Yes No

If yes, how much _____ If yes, how much _____

Item	Weekly amount you pay	Weekly amount your partner pays
Rent		
Council tax		
Mortgage repayments		
Ground rent / Service charge		
Other		

Disability-related expenditure

If you get Attendance Allowance / Disability Living Allowance (care component) or Personal Independence Payment then please use this section to tell us about any money you have to spend on items for your illness or disability.

You need to send us proof of this spending, like receipts or copies of account statements.

Item	Weekly amount:
	£
	£
	£
	£

How many loads of washing do you do each week?:

Is your washing done at home? Launderette? Other Please tick box

Disability related equipment:

Have you purchased special equipment because of your illness / disability? Yes No

If you answered 'yes', please send us copies of the receipts for the equipment.

Please tell us about any equipment you have bought in the last two years that is for your disability or illness. Please send us copies of the receipts for every piece of equipment.

Equipment	Amount it cost	Date bought

If you have any other items of disability related equipment to be considered then please send us copies of the receipts.

Do you have night time care needs? Yes No

Additional heating:

Please advise the amount spent on gas and electricity. You will need to send in copies of your last four quarters, or to cover a year to show annual expenditure.

Electricity:	Weekly £	Monthly £	Quarterly £
Gas:	Weekly £	Monthly £	Quarterly £

Section 7: Checklist

Please tick the boxes to confirm all your supporting documents are included:

Copy of I.D. and address proof	
Proof of identification and proof of address	✓
Lasting Power of Attorney / Deputyship (if relevant)	
DWP / Jobseekers Plus letter	
Private / Occupational Pension (if relevant)	
Bank / Building Society / Post Office statements	
DRE receipts (if relevant)	
I have completed sections 1-6 in full	

Section 8: Declaration

- As far as I know, the information that I have given on this form is true and complete and I understand that if my financial circumstances change I must notify the council immediately.
- I hereby confirm that the personal and financial information that I have provided to Islington Council has been freely given.
- I hereby acknowledge that I fully understand that this information has been given for the purpose of undertaking a financial assessment in order to establish the level of relevant financial contribution (if any) towards charges for social care services.
- The Personalised Financial Services Team may request or disclose information on me to the Department of Work and Pensions, other council departments, statutory bodies and relevant financial institutions in order to verify information provided by you and for fraud prevention purposes.
- I, or the person filling in this form on my behalf have completed the form giving full details of the service users financial circumstances.
- I have read and understood the Contributions for care at home or in the community booklet.
- I understand that I am required to pay such amount as the Council may determine, having regards to the financial circumstances declared, from the monies that I receive and hold for the service user.
- I give consent for any information supplied to the Housing Benefits and Council Tax Service to be shared with the Financial Assessment & Income Recovery Team. Please note: information about you obtained from the Housing Benefits Council Tax Service will be used to accurately calculate your contribution towards any social care services you require.
- I understand that it is a criminal offence to give false information or not disclose information when there is a duty to do so and that the council may seek prosecution in such cases.
- I understand that if I do not pay the amount due the council may take legal action, and charge interest and costs to recover the amount due.

I understand that I can change my mind about giving the council permission to share information about me with other organisations. But that I need to do this in writing, to the Finance Assessment & Income Recovery Team, 1st Floor, 7 Newington Barrow Way, London N7 7EP.

Service user name:

Representative name:

Service user signature:

Representative signature:

Date:

Date:

Customer Consent

By completing the customer consent details below you will allow the Department for Work and Pensions to share information with Islington Council. This will reduce duplication of work between the departments and help to ensure that you receive your full benefit entitlement.

Customer Consent to the Department for Work and Pensions to disclose relevant personal information provided for social security purposes to Islington Council for financial assessment purposes.

Customer's details

Title (Mr, Mrs, Ms, other):	<input type="text"/>
First Names:	<input type="text"/>
Surname:	<input type="text"/>
National insurance Number:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

Customer's consent

I agree that personal and financial information I have provided to the Department for Work and Pensions for the purpose of claiming social security benefits may be provided to Islington Council, for the purpose of assessing charges for the cost of my Social Services care.

I also agree that such information may be passed to Islington Council by the Department for Work and Pensions on a continuing basis.

I understand that I may withdraw my consent to the disclosure of such information by notifying, in writing, my local pension centre or Jobcentre Plus office.

Signed (Customer or legal representative: please state legal title eg appointee)

Signature:	<input type="text"/>
Date:	<input type="text"/>

The completed form should be returned to:

Finance Assessment & Income Recovery Team
1st Floor, 7 Newington Barrow Way,
London N7 7EP.

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 3417.

Additional Contacts and Advice

Please find below a list of contacts and information services

For independent advice and information:

Counsel & Care

Twyman House, 16 Bonny Street
London NW1 9PG
T 0845 300 7585
F 020 7267 6877
E advice@counselandcare.org.uk
W www.counselandcare.org.uk

Carers UK

20 Great Dover Street, London SE1 4LX
T 0808 808 7777
E advice@carersuk.org
W www.carersuk.org

Age UK Islington

6-9 Manor Gardens, London N7 6LA
T 020 7281 6018
E admin@ageukslinton.org.uk

The voluntary sector also provides support with legal advice, benefits appeals and representation:

For free and confidential advice, call the **Islington Advice Line** on **0203 475 5080** or email **admin@rcjadvice.org.uk**. This advice line has advice and support provided by Islington's Citizen Advice Bureau, Islington's Law Centre, Islington People's Rights and Disability Action in Islington.

Income Maximisation

Residents should also make sure they are receiving all the benefits they are entitled to. To receive a benefits check you can contact the council's Income Maximisation Team on **0800 731 8081** or **clamit@islington.gov.uk**

Information and advice about debt

The **National Debt line** for free confidential and independent debt advice go to **www.nationaldebtline.co.uk** or call **0808 808 4000**.

The **Money Advice Service** provides a national online service offering advice and financial health checks. Visit **www.moneyadviceservice.org.uk/yourmoney** or call **0300 500 5000**.

Support for victims of loan sharks: Loan sharks are criminals who are not licensed to issue loans, so borrowers do not have to pay them back. For support or to confidentially report a loan shark, contact the illegal Money Lending Team on **0300 555 2222** or **reportaloanshark@stoploansharks.gov.uk**.