

# Merthyr Tydfil County Borough Council

## **Financial Assessment and Charging**



Cyngor Bwrdeistref Sirol  
**MERTHYR TUDFUL**  

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**MERTHYR TYDFIL**  
County Borough Council

## **Financial Assessment Form Adult Social Services**

Revised April 2019

Please return this form within 15 working days to the following address:

Financial Assessment & Charging Team  
Civic Centre  
Castle Street  
Merthyr Tydfil  
CF47 8AN

For any assistance / queries please telephone:

Financial Assessment & Charging Team 01685 725069

Service User's WCCIS Number

## Section 1 - Personal Details of Service User

Name

Address

Status of property: owned

living with family

rented

Name of landlord

Previous Address ( If above address less than 7 years at current address)

Telephone Number

Date of birth

National Insurance Number

Marital Status

Are you currently or have recently been in hospital? (please tick as appropriate)

yes

no

If yes please provide the name of the hospital

Date of Admission

Date of Discharge

**In the case of the declaration being completed by a Financial Representative who has legal power to deal with the Service Users finances, please complete the following:**

*Please note that all correspondence/invoices will be forwarded to the Financial Representative except where you act informally, in this instance correspondence/invoices will remain in the service users name.*

***Financial Representative details (if applicable)***

Relationship to Service User

Title and Name of representative

Address of representative

Telephone Number (s)

Email address

**In what capacity do you act?** (please tick as appropriate and provide evidence of this authority)

Lasting / Enduring Power of Attorney

☐

Deputy

☐

Appointee for service user's benefits

☐

Informal

☐

**Note if you are acting informally or as appointee for the above service user you will be limited in the support and help you can provide. If the service user has lost capacity you may need to obtain independent advice regarding how you can best support the service user now and in the future dependant on their assets.**

**Payment options**

4 weekly Invoice

☐

Direct Debit

☐

(please complete the mandate attached to this form)

## **Section 2 - IF YOU DO NOT WISH TO DISCLOSE YOUR FINANCIAL CIRCUMSTANCES**

**Only complete this section if you do not require a financial assessment and agree to pay the cost of the care and support you receive up to the agreed maximum charge per week. There is no need to complete the form further if you decide to sign section 2.**

**Alternatively if you wish to be financially assessed leave this part blank and complete the remainder of the form - go to section 3**

### **Service User Declaration**

I do not wish to disclose my financial circumstances to the Council and accept to pay either the maximum weekly charge or the charge for the services I receive from the Council, its employees, servants or agents, whichever is the lower amount.

I understand that, in failing to disclose my financial circumstances, the Council will be unable to assess my ability to pay for the care services I receive.

I understand that if I fail to pay the charges the Council may take action to recover any unpaid charges including legal action and debt recovery.

I understand that this Authority is under a duty to protect the public funds it administers and to this end may use the information provided on the form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. This information will be held on computer.

I understand that this Authority will use this information in line with the Data Protection Act 2018

Signature of service user \_\_\_\_\_ Date \_\_\_\_\_

### **Financial Representative's Declaration**

I confirm that I have the capacity as indicated above to act on behalf of the Service User.

I confirm that the Service User does not wish to disclose their financial circumstances to the Council and they accept to pay either the maximum weekly charge or the charge for services they receive, whichever is the lowest amount.

I confirm that in failing to disclose their financial circumstances, the Council will be unable to assess their ability to pay for their services.

I understand that if I fail to pay the charge (s) or any other fee(s) or payment(s) that are due on behalf of the Service User, the Council may take action to recover any unpaid charges including legal action and debt recovery action.

I understand that this Authority is under a duty to protect the public funds it administers and to this end may use the information provided on the form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. This information will be held electronically and on paper files.

I understand that this Authority will use this information in line with the Data Protection Act 2018

Signature of representative \_\_\_\_\_ Date \_\_\_\_\_

### Section 3 - Service User's partner's details (including late partner where applicable )

Name of partner	<input type="text"/>		
Partner's date of birth	<input type="text"/>	Partner's NI number	<input type="text"/>
Occupation of partner or late partner	<input type="text"/>		
If applicable date of death	<input type="text"/>		

### Section 4 - Does anyone else live with you ?

Yes

No

If yes, please provide details below eg. name and relationship to Service User and their date of birth

### Section 5 - Does anyone receive carers allowance in respect of you?

Yes

No

If yes please provide details below eg name/address if different from the Service User and relationship to Service User

### Section 6 - Income details

i. Occupational Pension / Private Pension / Widow's or Widowers' Pension

Employer / Company	Amount Received £	Payee	How often is payment received?

ii. Benefits

<b>Benefits</b>	<b>Amount Received £</b>	<b>Joint Amount (for couples only) £</b>	<b>How often is payment received?</b>	<b>Has application for benefit been made?</b>
Retirement Pension				
Pension Credit				
- guarantee credit				
- savings credit				
Income Support / ESA				
Incapacity Benefit				
Severe Disability Allowance				
Attendance Allowance				
DLA care component /				
PIP daily living component				
DLA mobility component /				
PIP mobility component				
Job seekers allowance				
Child Benefit				
Industrial Injuries				
Salary / Earnings				
Any other income/benefit not listed above eg cash in lieu of coal				

**Section 7 - Savings** You will be required to provide evidence of your savings for at least 12 months prior to the start of your service.

i. Savings / Investment

Details of Bank / Building Society / Post Office or other investments	Account name	Account number	Amount £

ii. Bonds / Stocks and Shares

Details of Shares etc	Account No.	Amount of Shares / Bond

iii. Have you disposed of or gifted any capital or other assets, including property previously owned in the UK or overseas, within the last 2 years? If so please provide details below:

Amount £	Date	Details (including type of property where applicable)

## Section 8 - PROPERTY

**Note - This section does not need to be completed if you are in receipt of Non-Residential services.** where the property forms part of the financial assessment for residential charges, the Service User may defer or delay paying some of the charges until a later date. This is called a Deferred Payment and additional charges will be added to the accruing debt. In order to defer payment, a formal Agreement has to be entered into with the Council and you should seek your own legal advice.

i. Do you own the property you live in or you gave as your home address in Section 1?

Please note you may be required to provide evidence to this question.

Yes  No  If no please go to section 9.

ii. Does anyone else have an interest in the property (eg. joint owner, tenant)

Yes  No

If yes, please provide details (eg name, address, nature of interest in property and relationship to Service User)

iii. Do you intend to continue living in this property? Yes  No

If no, will anyone else live at the property after you have left? Please provide details of occupier, relationship to Service User and date of birth

iv. Is there a mortgage on the property? Yes  No

If yes, please provide details eg. Whose name is the mortgage in? When was the mortgage taken out? How much is outstanding?

v. Do you own any other property (including any house, caravan or mobile home) in the UK or overseas?

Yes  No

If yes, please provide details eg. address of property, actual or approximate value of property, nature of interest in the property.

## 9. EXPENDITURE

i. Housing costs

Details	Paid To	Amount £	How often is this paid?
Cost of Rent			
How much does Housing Benefit pay towards your rent?			
Cost of Council Tax			
How much Council Tax Reduction do you receive?			
Cost of Mortgage			



## Section 10 - ADDITIONAL INFORMATION

If there is anything else you think we should know about regarding your financial situation please give details below.

## Section 11 - Service User Declaration

I understand that the service provided to me is a chargeable service provided by the Council its employees, agents or servants and is subject to a financial assessment of my ability to pay.

I declare that the information provided in this document is true and accurate and is complete in every respect.

I understand that the information I have provided in this financial document will be held on computer and used by the Council to assess my ability to pay for the care services I receive.

I understand that I must notify the Council of any changes to my financial circumstances or if any information I have provided is no longer correct.

I authorise my bank/building society to disclose details of my accounts.

I authorise the organisation paying any occupational or private pension to disclose these details to Merthyr Tydfil County Borough Council.

I agree that any personal and financial information I have provided to The Department of Work and Pensions or Merthyr Tydfil County Borough Council, for the purpose of assessing either my entitlement to benefits and pensions or my ability to pay for the care services I receive may be passed between these organisations.

I agree to pay the charge(s) or any other fee(s) or payment(s) that the Council assess me as being liable to pay in respect of the service. I agree to pay any invoices(s) as may be issued from time to time by the Council in respect of the services provided to me by the Council its employees agents or servants.

I hereby undertake that I will not take any action to transfer, assign, convey, gift or otherwise deprive myself of any income, capital, property or any other asset or interest whether legal or beneficial with the intention of avoiding liability for charges for services.

I understand that if I fail to pay the charge(s) or any other fee(s) or payments(s) that are due the Council may take action to recover any unpaid charges including legal action and debt recovery action.

I understand that this Authority is under a duty to protect the public funds it administers and to this end may use the information provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

I understand that this Authority will use this information in line with the Data Protection Act 2018.

Signature of service user \_\_\_\_\_ Date \_\_\_\_\_

## Financial Representative's Declaration

I confirm that I have the capacity as indicated above to act on behalf of the Service User.

I understand that the service provided to the Service User is a chargeable service provided by the Council, its employees, agents or servants and is subject to a financial assessment of the Service Users ability to pay.

I declare that the information provided in this document is true and accurate and is complete in every respect to the best of my knowledge and belief

I authorise the bank/building society to disclose details of the Service User's accounts.

I authorise the organisation paying any occupational or private pension to the Service User to disclose these details to Merthyr Tydfil County Borough Council

I understand that the Council will assess the Service User's ability to pay charges for services using the information I have given in this financial document and this information will be held on computer.

I undertake to notify the Council of any changes to the Service User's circumstances or if any information I have provided is no longer correct.

In my capacity I undertake to make payment of any charges due to the Council by the Service User. I agree to pay any invoices as may be issued from time to time by the Council in respect of the services provided to the Service User by the Council, its employees, agents or servants.

I agree that any personal and financial information that has been provided to The Department of Work and Pensions or Merthyr Tydfil County Borough Council, for the purpose of assessing either the Service User's entitlement to benefits and pensions or their ability to pay for the care services they receive may be passed between these organisations.

In my capacity I will not take any action to deprive the Service User of any income, capital, property or any other asset or interest whether legal or beneficial with the intention of avoiding liability for charges for care services or to assist the Service User or any other person from taking such action.

I understand that if I fail to pay the charge(s) or any other fee(s) or payments(s) that are due on behalf of the Service User the Council may take action to recover any unpaid charges including legal action and debt recovery action.

I understand that this Authority is under a duty to protect the public funds it administers and to this end may use the information provided on the form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

I understand that this Authority will use this information in line with the Data Protection Act 2018.

Signature of financial representative \_\_\_\_\_ Date \_\_\_\_\_

Where applicable please submit the following evidence/documents with your completed form.

- 12 months bank statements for all accounts held solely or jointly and including any post office accounts.
- If you are already a resident in a care home paying the full cost of your care, we will require bank statements 12 months prior to your admission up to the current date.
- Copy of most recent occupational pension pay slips.
- Copy of Power of Attorney or deputyship Order.

Please return this form along with any supporting evidence within 15 days to the following address :

Financial Assessment and Charging Team  
Directorate for Place and Transformation  
Civic Centre  
Castle Street  
Merthyr Tydfil,  
CF47 8AN