



Financial Assessment Form

(Form FA2)

Please fill in and return this form, along with any relevant supporting documents within 21 days of receipt.

You can use the pre-paid envelope, post it to the address on the back page, or take it in to a local library or Council office in an envelope marked for the Financial Assessment Team.

We will use the information you provide in this form to work out what you can afford to pay towards your care.

If you do not complete and return this form along with relevant documents, we will assume that you can afford to pay the full cost of your care, and you will be sent an invoice that you will need to pay.

An electronic version of this form is available on the Council Website at www.redcar-cleveland.gov.uk/adultcare. You will still need to print out the completed form, sign it and post it to us, along with any supporting information.

If you need any help completing this form, please contact the Financial Assessment Team on 01642 771566.

Part A: Personal Details

Full name

Date of Birth

Address and postcode

Telephone

National Insurance number

E-mail address

Your Representative

Please provide details about anyone who has legal authority to act on your behalf. If you have capacity to make your own financial decisions, you can authorise someone to act on your behalf.

Representative's name

Relationship to you

Their address and postcode

Their telephone number

Their e-mail address

Does the person named above have legal authority to act on your behalf?

No

Yes

Please provide details

If you have legal authority to act on behalf of the adult, please provide copies of the relevant documentation.

If this person does not have authority, do you authorise them to act on your behalf in respect of your financial assessment?

No

Yes

Providing supporting documents as evidence

To complete the financial assessment, we will need to see the relevant documents from the list below. We will accept originals, photocopies or scanned documents.

- Evidence of your legal authority if you are representing someone.
- Bank statements or latest pages of a building society book for any accounts you hold in your own name or in joint names. These need to be the most recent available for the current financial year.
- Certificates for any bonds or shares you hold in your own name or joint names.
- Proof of outgoings e.g. utility bills or direct debits on bank statements, mortgage repayments, or housing costs.
- Proof of income e.g. private or occupational pensions, benefit or pension entitlement letters from the Department of Work & Pensions.
- Proof of any property owned other than your main home.
- Invoices and receipts for disability related expenses.
- Any other documents that you think are relevant.
- A breakdown of the rent that you pay (after any Housing Benefit that you receive has been taken off).
- A breakdown of any benefits that you receive e.g. Employment and Support Allowance, Income Support and Pension Credit etc.
- Anything else that you think is relevant.

Part B: Your Home

(This information will only be used if you move permanently into residential care)

Deferred Payment Agreements

No-one is forced to sell their home to pay for their care. **If you are moving into residential care and do not want to sell your home immediately**, you can choose to enter into a deferred payment agreement with the Council.

A deferred payment agreement is a legal agreement between you and the Council that allows you to delay paying some of the costs of your care and support until a later date. It means you are borrowing money from the Council, much like having a loan or a mortgage. The amount that you borrow from us will be secured against your property and is repaid in full when your property is sold. More information about deferred payment agreements can be found at www.redcar-cleveland.gov.uk/adultcare. Alternatively, your social care worker will be able to give you a copy of our guide.

If you are thinking of entering into a deferred payment agreement you should seek independent legal advice. If you would like us to send you an information pack, please tick here:

B1. Please tick the box that best describes your home. If you are living in residential care, please tell us about the home you lived in before you moved.

I own or part own my home	<input type="checkbox"/>
I live in a rented property	<input type="checkbox"/>
I live in a property that is owned by other family members or friends	<input type="checkbox"/>
What was the date you moved into this property	
Other (please provide details)	

B2. Does anyone else live in this property?

Yes

No go to question B4

B3. Please provide details of each person who lives in this property

	Person 1		Person 2		Person 3	
Name						
Date of Birth						
Relationship to you						
Do they receive Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they have a financial interest in the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will they continue to live in the property if you move, or have moved into residential care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they receive Carers Allowance for being your full time carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do they receive care and support services from the Council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B4. Please use this space to tell us anything else about your home.

Part C: Your income

Income is any money you receive after tax and national insurance. Income will always be taken into account in your financial assessment, unless government rules state that it must be disregarded, in full or in part.

State Benefits are paid to you by the Department of Work and Pensions (DWP). They include, but are not limited to, Pension Credit, State Pension, Widows Pension, Employment and Support Allowance, Carers Allowance, Income Support and Attendance Allowance.

Private income includes all other income that you or your partner receives in addition to state benefits. This could include, but is not limited to, private pensions, earnings, or rental income from lodgers or property.

C1. Please tell us about any income (after tax and national insurance) that you or your partner receives.

Name of benefits or private income	How much?	How often?	Who receives it?
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>
	£		Me <input type="checkbox"/> My partner <input type="checkbox"/>

C2. Does anyone receive a Carer's Allowance payment for looking after you? (this does not include Attendance Allowance that is paid directly to you)

No Yes

C3. Supporting Evidence: Please tick to show which documents you have enclosed as evidence of your income:

Recent bank statements or latest pages of a building society book	<input type="checkbox"/>
Letters, recent statements or other documents relating to private or occupational pensions, letters from the Department of Work & Pensions	<input type="checkbox"/>
Recent letters or other documents from the Department for Work and Pensions (DWP) relating to benefit or pension entitlement	<input type="checkbox"/>
Other (please state what):	<input type="checkbox"/>

Part D: Your Capital (Savings and Investments)

Capital is any savings and investments that you own either yourself or jointly with someone else. It includes, but is not limited to:

- Bank and building society accounts
- National savings certificates
- Premium bonds and income bonds
- Stocks and shares
- Savings
- Cash
- Trust funds
- Money that is yours that someone else holds for you
- Property or land (not including your main home)

To make an assessment we will need to see the relevant documents as proof of what you are telling us.

D1. Please tell us about any savings, investments and capital that you hold, including all bank and building society accounts, even if they have no funds in them.

Where capital is jointly held between you and your partner or spouse, please enter the full amount of capital and tick the jointly held box.

Name of bank or building society	Account holder's name	Account number	Current Balance	<input checked="" type="checkbox"/> Tick if held jointly	<input checked="" type="checkbox"/> Tick if you have sent proof
			£	<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"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>

D2. Please tell us about any shares you own?

Type of share	Shareholder's names	Number of shares held	Value of shares	<input checked="" type="checkbox"/> Tick if held jointly	<input checked="" type="checkbox"/> Tick if you have sent proof
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>
			£	<input type="checkbox"/>	<input type="checkbox"/>

D3. Please tell us about any other properties you own (other than the property mentioned in Part B)

Address and postcode

Value of the property

Is the property jointly owned?

No Yes

D4. Please use this space to tell us about any other capital you own

D5. Supporting Evidence: Please tick to show which documents you have enclosed as evidence of your capital:

Recent bank statements or latest pages of a building society/savings book	<input type="checkbox"/>
Certificates for any bonds or shares you hold in your own name or joint names	<input type="checkbox"/>
Statements for any savings or investments	<input type="checkbox"/>
Proof of any property owned other than your main home.	<input type="checkbox"/>
Other (please state what)	<input type="checkbox"/>

Part E: Household Expenses

E1. Please tell us about any payments you make for properties that you own or rent. Proof of payments is required

	How much you pay	How often you pay	<input checked="" type="checkbox"/> Tick if you have sent proof
Building Insurance	£		<input type="checkbox"/>
Council Tax (after council tax support)	£		<input type="checkbox"/>
Fuel costs - electricity	£		<input type="checkbox"/>
Fuel costs - gas	£		<input type="checkbox"/>
Other fuel cost (coal, oil etc.)	£		<input type="checkbox"/>
Mortgage	£		<input type="checkbox"/>
Rent paid (after housing benefit)	£		<input type="checkbox"/>
Service charges (unless paid with rent)	£		<input type="checkbox"/>
Water rates	£		<input type="checkbox"/>
Please list any other household expenses			
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>

E2. Supporting Evidence: Please tick to show which documents you have enclosed as evidence of your household expenses.

Recent bank statements showing direct debits or standing orders	<input type="checkbox"/>
Utility bills	<input type="checkbox"/>
Mortgage statement	<input type="checkbox"/>
Rental agreement/breakdown of the rent that you pay (after any Housing Benefit that you receive has been taken off).	<input type="checkbox"/>
Invoices and receipts for household expenditure	<input type="checkbox"/>
Other (please state what):	<input type="checkbox"/>

Part F: Disability Related Expenses

This part should only be filled in if you have been assessed as needing care in your own home. If you are in, or are moving into residential care, please go straight to Part G.

Disability related expenses include any reasonable costs that you have to pay to meet your needs because of your disability (where your needs are not being met by the Council). It includes, but is not limited to:

- Payment for any community alarm system.
- Costs of privately arranged care services.
- Chiropody.
- Cleaning.
- Costs for specialist items or equipment to meet your disability need, for example rental or maintenance of a stairlift.
- Above average daily living expenses, for example additional heating costs, costs related to special dietary requirements, or special washing powders and creams for sensitive skin.
- Private medical care.
- Transport costs (except when in receipt of Disability Living Allowance/Personal Independence Payment mobility component).

You will need to provide proof of any disability related expenses.

F1. Please provide details of any disability related expenses that you pay, and include the reasons that you have to pay them. You can provide more information at part G if you need to.

Type of expense	How much do you pay?	How often do you pay?	<input checked="" type="checkbox"/> Tick if you have sent proof
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

F2. Supporting Evidence: Please tick to show which documents you have enclosed as evidence of your disability related expenditure

Recent bank statements showing direct debits or standing orders	<input type="checkbox"/>
Utility bills	<input type="checkbox"/>
Invoices and receipts	<input type="checkbox"/>
Other (please state what):	<input type="checkbox"/>
<input type="text"/>	

Part G: Anything Else

Is there anything else that you want to tell us?

This may include details of your property, value, equity, outstanding mortgage, sale of property, any interests in any other property or whether you have been awarded a large sum of money as a result of a personal injury settlement?

Part H: Your Declaration

This form should be signed by the person named in Part A, or by their legal representative.

If the person named in Part A does not have capacity to make financial decisions, and you are their representative but do not have legal authority, you can still fill in and return this financial assessment form. However, you are advised to apply to the Court of Protection to become their Deputy for property and financial affairs. This will enable us to ensure that the financial assessment is accurate.

How we will use your information

The information requested on this form is essential in order for the Council to assess your contribution to the cost of your care. It will be used for that purpose and no other. You do not have to provide the Council with this information but if you choose not to, it will mean that you will be sent an invoice for the full cost of your care. The information you provide may be used to prevent and detect fraud. We may also disclose this information to external organisations, such as the Department for Work and Pensions, but only if the law permits us to do so.

In order to reduce the number of times the Council needs to contact you to assess your contribution, we may share information between Council services that you may need to use (examples include, but are not limited to Housing Benefits or Council Tax). Sharing will be undertaken in a confidential manner.

1. I confirm that the details provided on this document are correct and that I do not own or receive any other assets, income or properties other than those declared in this form.
2. I confirm that I have not gifted or disposed of any money or properties that have not been declared.
3. If the information provided on this document by me or my representative is found to be incorrect or fraudulent I am aware that this may lead to legal proceedings being taken against me and funding will be withdrawn until the case is resolved. Any monies paid by Redcar & Cleveland in these circumstances will be fully recoverable from me and I will repay any funds immediately to the authority.
4. I will advise the Council of any changes to my financial circumstances in writing immediately. This includes both gain and disposal of any income and/or assets including but not exclusive to: sale of property; gifts of money; money awarded/ won; loans; changes in receipt of benefits.
5. If I do not declare changes and this leads to any financial benefit I am aware that this may lead to legal proceedings being taken against me and funding will be withdrawn until the case is resolved. Any monies paid by the Council in these circumstances will be fully recoverable from me and I will repay any funds immediately to the authority.
6. I am aware that a financial assessment will be undertaken using the information provided by me on this financial assessment form. I have been advised that the Council is unable to provide me with any form of financial advice and that I should contact an appropriate independent financial adviser or other relevant professional if at any time, I consider that such advice is required.

Please tick all that apply

I am the adult named in Part A and I have capacity to make my own financial decisions

I am the representative named in Part A and I have legal authority to make financial decisions on behalf of the person named in Part A. I understand that I will need to provide documentary proof of my legal authority.

I am the representative named in Part A and I do not have legal authority to make decisions on behalf of the adult named in Part A. I have made*/intend to make*/do not intend to make* (*delete as appropriate) an application to the Court of Protection for Deputyship.

Signature

Print name

Date

Partners signature (if applicable)

Print name

Date

Paying your Social Care Charges

Once we have completed the financial assessment, we will write to you to tell you how much you have to pay. We will also send you an invoice for your contribution and tell you the dates that we will debit money from your account. If you decide that you do not wish to go ahead with your services, please contact your social worker as soon as possible.

The most convenient way for you to pay your social care charge is by Direct Debit. This will ensure that you do not miss any payments and do not get into debt with the Council. If you do not have a bank account that will accept Direct Debits, there are alternative ways of paying your social care charge.

Please complete the Direct Debit Instruction form on the next page.



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the whole form using a ballpoint pen, and enclose it with your Financial Assessment Form

Name of account holder(s)

Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Branch sort code

		-			-		
--	--	---	--	--	---	--	--

Name and full postal address of your Bank or Building Society

To The Manager:

Address

Postcode

Accounts Receivable Ref

DD	
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Service User Number

6	8	2	4	7	1
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This is not part of the instruction to your bank/building society. Please complete your name and address.

Customer Name

Address

Postcode:

Please indicate how often you would like your Direct Debit to be collected:

Fortnightly (Every 2 weeks)

Monthly

Instruction to your Bank/Building Society: Please pay REDCAR AND CLEVELAND B.C. Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Redcar and Cleveland Borough Council, and, if so, details will be passed electronically to my Bank/Building society.

Signature(s)

Date:

Banks/Building societies may refuse to accept instructions to pay Direct Debits from some types of accounts

This guarantee should be detached and retained by the payer



The Direct Debit Guarantee

This guarantee is offered by all banks/building societies that accept instruction to pay Direct Debits.

If the amount to be paid, frequency or payment dates change, Redcar and Cleveland B.C.C will notify you 10 working days in advance of your account being debited or otherwise agreed. If you request Redcar and Cleveland B.C. to collect a payment, confirmation of the amount will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by Redcar and Cleveland B.C. or your bank/building society, you are entitled to a full and immediate refund of the amount paid from your bank/building society. If you receive a refund you are not entitled to, you must pay it back when Redcar and Cleveland B.C. asks you to. You can cancel a Direct Debit at any time by contacting your bank/building society. Written confirmation may be required. Please also send a copy to the Council.

Please send this completed form to us, together with copies of any supporting documents in the pre-paid envelope provided. **You must do this within 21 days of being given the financial assessment form.**

If you do not return the form within 21 days, you will be sent an invoice for the full cost of your care.

If you do not have a pre-paid envelope, you should send the form to:

**Financial Assessment Team
Redcar and Cleveland Borough Council
Belmont House
Rectory Lane
Guisborough
TS14 7FD**

If you have any queries about your financial assessment, please do not hesitate to contact a member of the Financial Assessment Team on 01642 771566.

Document Control

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Version Control			
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1	4.06.2019	Jo Waldmeyer	
2	July 2017	C. Magson	Document reviewed and amended.
3	30/7/2019	C. Magson	Document reviewed no changes required. Formatted
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3	15.07.2020	Uploaded to the RCBC website – ASC pages and to all team managers.	