



# Receipt of Financial Assessment

Form FA1

(January 2026)

**This form should be completed if you:**

- Have been assessed as being eligible for social care and support **and**;
- Have capacity to make decisions about your property and financial affairs **or**
- Have legal authority to make financial decisions on behalf of the person who has been assessed as being eligible for social care and support **or** intend to apply for legal authority.

**If you wish to see if you could get help towards the cost of care:**

The council will arrange the care that you need from the date that you are assessed as requiring it. Although some care and support services are free, most are chargeable. This means that most people have to pay something towards their own care, and some will have to pay the full cost. On occasion, additional care and support may need to be put in place in emergencies or adverse situations. This care may also be chargeable as per the outcome of your financial assessment.

We will carry out a financial assessment to determine whether you need to pay for your care or whether you are entitled to any assistance. This means we will look at how much money you receive, how much money you have to pay out each week and how much you have saved or invested. Government rules set out how we must calculate your contribution towards your care. If you have savings or capital above £23,250, you will be required to pay the full cost of your care.

In order for us to carry out this assessment, you must complete a Financial Assessment Form (FA2). If you are required to pay a contribution towards your care whether in part or in full, you will be required to do so from the date your care began.

**If you do not complete a financial assessment form, you will be responsible for paying the full cost of your care.**

**If you are willing to pay for the full cost of your care service yourself:**

You do not need to have a financial assessment. If you decline a financial assessment, but wish for us to arrange your care and support, you will receive a bill for the full cost of your care and any associated administration fees. You can ask for a financial assessment in the future, but any contributions you are entitled to would only be backdated to the date of the financial assessment, not to the start of your care.

**This form should be completed for all adults receiving care & support**  
(regardless of whether a financial assessment is required).

**Part A: Please complete Part A if you have care and support needs and have capacity to make decisions about your finances.**

**A1: Receipt of financial assessment form and information**

<input checked="" type="checkbox"/>	<b><i>Please tick <u>all</u> boxes to confirm understanding</i></b>
<input type="checkbox"/>	I understand that if I need to pay for my care, the bill that I receive will be backdated to the first day that care was provided.
<input type="checkbox"/>	I understand that if <u>I do not provide financial information</u> , I will receive a bill for the full cost of my care regardless of whether I would be entitled to any financial assistance.
<input type="checkbox"/>	I understand that if I have savings above the £23,250 threshold, I will have to pay for the full cost of my care.
<input type="checkbox"/>	I understand that if I have to pay the full cost of my care, either due to the level of my savings or because I do not provide financial information, I will be charged a set-up fee and ongoing administration fee for any non-residential care that the council arranges on my behalf.
<input checked="" type="checkbox"/>	<b><i>Please tick <u>one</u> box only</i></b>
<input type="checkbox"/>	I <u>have</u> been given the Financial Assessment Form FA2 and understand that this needs to be completed and returned within 21 days.
<input type="checkbox"/>	I <u>have not</u> been given the Financial Assessment form FA2 to complete as I agree to pay the <b>full cost</b> of my care without a financial assessment.

**A2: Authorisation for someone else to act on your behalf**

*Only complete if you wish to authorise a family member or friend to act on your behalf in respect of your financial assessment.*

I authorise \_\_\_\_\_ to act on my behalf in respect of my financial assessment. Please send all correspondence relating to my financial assessment directly to them. I understand that I will still need to sign the client declaration on the Financial Assessment Form (FA2).

Please provide contact details for the person who you would like to authorise to act on your behalf:

Name:	Relationship:
Address:	Email:
	Telephone:

**A3: Signature of adult with care and support needs**

Full name:

Date of birth:

Case book reference (if known):

Address:

Signature:

Date:

## Part B: Please complete if the adult with care and support needs lacks capacity to make financial decisions.

### B1: Details of the adult with care and support needs

Full name of adult with care and support needs:	Date of birth:
Address:	

### B2: Authority to make financial decisions

You must have legal authority to make financial decisions on behalf of someone who lacks capacity to do so themselves. This includes:

- Court of Protection Appointed Deputy
- Appointee
- Lasting Power of Attorney
- Enduring Power of Attorney

If you do not have legal authority, you should still complete and submit the information on the financial assessment form. If you do not apply for legal authority, or if your application is turned down, the Council will make an application to become the adult's deputy or appointee. This means that decisions relating to the adult's financial affairs will be made by the Council. You may be consulted about such decisions, but the final decision will rest with the Council.

<input checked="" type="checkbox"/>	<b><i>Please tick <u>one</u> box only</i></b>
<input type="checkbox"/>	<b>I have legal authority</b> to make financial decisions on behalf of the person named in section B1. I understand that I will need to provide documentary proof of my legal authority regardless of whether or not I complete a financial assessment on their behalf.
<input type="checkbox"/>	<b>I do not have legal authority</b> to make decisions on behalf of the adult named in section B1, but I confirm that a family or other representative will apply for legal authority within 28 days of signing this form. I understand that failure to do so may result in Redcar and Cleveland Borough Council applying for legal authority to make financial decisions on behalf of the adult named in section B1.
<input type="checkbox"/>	<b>I do not have legal authority</b> to make decisions on behalf of the adult named in section B1, and there is no family or other representative who is willing or able to do so. I understand that this may result in Redcar and Cleveland Borough Council applying for legal authority, to make financial decisions on behalf of the adult named in section B1.

### B3: Receipt of Financial Assessment Form and Information

<input checked="" type="checkbox"/>	<b><i>Please tick <u>all</u> boxes to confirm understanding</i></b>
<input type="checkbox"/>	I understand that if the person named in section B1 needs to pay for their care, they will do so from the first day that care was provided. Failure to pay, or suspected fraudulent or criminal activity, may result in Redcar and Cleveland Borough Council taking debt recovery action against the person named in section B1 or their representative. We may also report this to the Council's Counter Fraud Team, the Department for Work and Pensions and/or the Police, which could result in legal action being taken.
<input type="checkbox"/>	I understand that if I do not provide financial information within 21 days, an invoice for the full cost of care will be sent to either myself or the adult named in section B1 regardless of whether they would be entitled to any financial assistance.
<input type="checkbox"/>	I understand that if the person named in section B1 has to pay the full cost of their care, either due to the level of their savings or because I do not provide financial information, they will be charged a set-up fee and ongoing administration fee for any non-residential care that the council arranges on their behalf.
<input checked="" type="checkbox"/>	<b><i>Please tick <u>one</u> box only</i></b>
<input type="checkbox"/>	I <b>have</b> been given the Financial Assessment form FA2 and understand that this needs to be completed and returned within 21 days. I understand if this is not returned, the person named in section B1 will be charged the full cost of their care from the first day that care was provided.
<input type="checkbox"/>	I <b>have not</b> been given the Financial Assessment form FA2. This is because I am authorised (or intend to apply for authority) to decide not to complete a financial assessment on behalf of the person named in section B1.
<input type="checkbox"/>	I <b>have not</b> been given the Financial Assessment form FA2 as I do not have legal authority to act on behalf of the person named in section B1 and do not intend to apply for legal authority. I understand that if no-one applies for legal authority, Redcar and Cleveland Borough Council will seek legal authority to make financial decisions on behalf of the adult named in section B1.

### B4: Representative's Details & Signature

Full name of representative:	Date of birth:
Relationship to adult:	Legal authority:
Address:	Telephone:
	E-mail:
Signature	Date

Please refer to the Council's privacy notice for more information on how data will be used by visiting:

[www.redcar-cleveland.gov.uk/about-the-council/privacy-notices/adult-social-care-privacy-notice](http://www.redcar-cleveland.gov.uk/about-the-council/privacy-notices/adult-social-care-privacy-notice)