



.....

# Adult Services Financial Assessment Form

.....

## **Why have I received this form?**

---

We have sent you this form because you have applied for help from Adults' Services. The information you give us will help determine whether you are eligible for help with the cost of social care services.

## **Please complete this form and send it back to us within 14 days.**

---

Keep this page for your reference. Please return the rest of the form, along with the documents detailed in the checklist at the end of this form within the next 14 days.

Please send the form to:



Financial Assessment Officers  
Assessment Hub  
Bedford Borough Council  
Borough Hall, Cauldwell Street  
Bedford MK42 9AP



bsu.customerfinance@bedford.gov.uk

## **What should I do if I need help completing the form?**

---

You can ask a friend or a relative to help you or look online for more information on how to complete a Financial Assessment form [www.bedford.gov.uk/financial-assessment](http://www.bedford.gov.uk/financial-assessment). Alternatively, you can contact us on 01234 718031.

## **What if I don't want to complete this form or don't complete it in time?**

---

If you decide not to complete the form or if it is not returned within 14 days, you will have to pay the full cost of any care we provide. Some people choose to pay the full cost of their care.

If this is your choice, please complete sections 1 and 2 only.

## Section 1 About you and your partner

You	Your Partner
Title: <input type="text"/>	Title: <input type="text"/>
Surname: <input type="text"/>	Surname: <input type="text"/>
First name: <input type="text"/>	First name: <input type="text"/>
Address: <input type="text"/>	<input type="text"/>
Date of birth: <input type="text"/>	Date of birth: <input type="text"/>
Email address: <input type="text"/>	Email address: <input type="text"/>
Landline number: <input type="text"/>	Landline number: <input type="text"/>
Mobile number: <input type="text"/>	Mobile number: <input type="text"/>
National Insurance number: <small>Letters Numbers Letters</small>	National Insurance number: <small>Letters Numbers Letters</small>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Does someone else deal with your financial affairs?** Yes ☐ No ☐

If yes, please give us their details. Full Name: .....

Address: .....

Contact number: ..... What is their relationship to you? .....

.....

Email Address: .....

**Should all correspondence be sent to this person?** Yes ☐ No ☐

**Should invoices be sent to this person?** Yes ☐ No ☐

**Do they have legal authority to act on your behalf, such as Power of Attorney, Deputyship, Appointeeship?** Yes ☐ No ☐

## Section 2 Paying the full cost of your care

If your total capital is above £23,250 you will be required to pay for the full cost of your care. please sign below. Alternatively if you do not wish to disclose your finances please tick below. You will be required to pay for the full cost of your care ☐

**If you would like to have a financial assessment to see if we can help towards the cost of your services, DO NOT SIGN HERE - please go straight to section 3.**

Signed: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
------------------------------	--

FOR OFFICE USE ONLY	
Name: <input type="text"/>	Reference Number: <input type="text"/>

## Section 3 Where do you reside now

### Where do you live now or if you are residential care where did you live previously?

A Housing Association property? Yes ☐ Living with family/others Yes ☐ No ☐  
Private rented? Yes ☐  
Property you own? Yes ☐ How long have you lived at your present address?  
Residential Home? Yes ☐ Years:

If less than two years, please give us details of your previous address in section 9

### Residential care home details (if applicable)

Residential care home name? .....

If living in a nursing home when did you start living there? .....

Have you recently been in hospital? Yes ☐ No ☐

If so date of admission ..... date of discharge .....

### If you are entering a residential care home and you own a property, it could be taken into account in your financial assessment. (See guide for more information)

Have you sold or transferred any property within the last 7 years? Yes ☐ No ☐

If yes please give details

.....

If you own a property, please tell us how much it is worth: £

If there is a mortgage outstanding, please tell us the approximate amount: £

Please tell us which Bank or Building Society the mortgage is with:

If you own the property with somebody that is not your partner, please give details of the other owner:

.....

Do you own, or partly own, any other assets, such as property, land or a caravan? If yes, please give details.

.....

Please give the approximate value: £

Please give details of all the people who usually live with you in your home and those who may be temporarily absent:

Full Name	Date of Birth	Relationship to You	Tick if this person is disabled
	/ /		
	/ /		
	/ /		
	/ /		

If any of the people listed above care for you, please tell us approximately how many hours of care they provide per week.

Do any of the people listed above claim a carers allowance for looking after you? Yes ☐ No ☐

## Section 4 Savings, investments and capital

Please provide all relevant documents as evidence. We will accept photocopies.

Please continue on a separate sheet if necessary and attach it to the form.

You will need to include at least the last 3 months banks statements.

Please give details of the following Bank/building society accounts	If joint give details of with whom	Account Number	Balance	Balance Date
			£	
			£	
			£	
			£	
			£	
			£	
Share holdings (Please give name of the company and number of shares)				
Cash			£	
Post Office			£	
Income Bonds			£	
Investment/Savings Bonds			£	
Are any Bonds 'Life Assured'? Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide evidence				
Premium Bonds			£	
Any other capital (include un-invested savings) please give details				
Any other capital (include uninvested savings) Give details	£			
Capital from personal injury payment	£			

Do you have savings, capital or investments in a country outside the UK? Yes ☐ No ☐

If yes, please give details in section 9

Do you have any business interests or investments? Yes ☐ No ☐

If yes, please give details in section 9

### Gifts

Have you gifted, given away or otherwise disposed of any capital or asset worth more than £500 in the last 7 years? If yes please give details below.

## Section 5 Income and Earnings

Please give details of all the money you and your partner have coming in.  Please tell us how often you receive it.	Amounts received		
	You	Your Partner	Weekly (W) Fortnightly (F) Four-Weekly (4) Monthly (M)
<b>Income from paid work</b>			
Paid work	£	£	
Rental income	£	£	
<b>Pensions</b>			
Pension Credit (Guaranteed Credit)	£	£	
Pension Credit (Savings Credit)	£	£	
State Retirement Pension	£	£	
War Disablement Pension	£	£	
Foreign Pensions	£	£	
Work Pensions	£ £ £	£ £ £	
Private Pensions	£ £ £	£ £ £	
<b>Money for Widows</b>			
War Widow's Pension	£	£	
<b>Benefits and Family Money</b>			
Universal Credit – send payment breakdown	£	£	
Child Benefit	£	£	
Child Tax Credit	£	£	
Income Support	£	£	
Jobseeker's Allowance	£	£	
Spousal Maintenance	£	£	
Child Maintenance	£	£	
Working Tax Credit	£	£	
<b>Money for Sickness and Disability</b>			
Attendance Allowance High Rate	£	£	
Attendance Allowance Low Rate	£	£	
Disability Living Allowance (care component) High Rate	£	£	
Disability Living Allowance (care component) Medium Rate	£	£	
Disability Living Allowance (care component) Low Rate	£	£	
Disability Living Allowance (mobility component) High Rate	£	£	
Disability Living Allowance (mobility component) Low Rate	£	£	

Please give details of all the money you and your partner have coming in. Please tell us how often you receive it.	Amounts received		
	You	Your Partner	Weekly (W) Fortnightly (F) Four-Weekly (4) Monthly (M) Yearly (Y)
Personal Independence Payment (care component) Standard Rate	£	£	
Personal Independence Payment (care component) Enhanced Rate	£	£	
Personal Independence Payment (mobility component) Standard Rate	£	£	
Personal Independence Payment (mobility component) Enhanced Rate	£	£	
Carer's Allowance	£	£	
Incapacity Benefit	£	£	
Industrial Injuries Benefit	£	£	
Employment Support Allowance Assessment phase <input type="checkbox"/> Work group <input type="checkbox"/> Support group <input type="checkbox"/>	£	£	
Severe Disablement Allowance	£	£	
Statutory Sick Pay (give start date)	£	£	
Income from personal injury payment	£	£	
Other income	£	£	

## Section 6 About money you pay out

Please tell us about all the money you spend on a regular basis.	Amount	Weekly (W) Fortnightly (F) Four-Weekly (4) Monthly (M) Yearly (Y)
Rent after Housing Benefit?	£	
Mortgage repayments	£	
Endowment insurance connected to a mortgage	£	
Council Tax after Council Tax reduction	£	
Service charges not included in rent	£	
Support charges not included in rent	£	
Loans for repairs or improvements to property (related to disability)	£	
Payments under a co-ownership scheme	£	
Annual fuel costs	£	
Do you have a community alarm system, such as Carelink, which you pay for?	£	
Land line telephone line rental	£	
Mobile line rental	£	
Broadband costs	£	

## Section 7 Disability Related Expenses

To claim disability related expenses you must be in receipt of a disability benefit such as Attendance Allowance, Personal Independence Payment or Disability Living Allowance, be living in your home and not be resident in a Residential Care Home on a permanent basis. If you are resident in a Residential Care Home please go straight to section 8 as DRE will not apply.

Type of expenses	Details	Cost and how often you pay (Weekly/Monthly/Yearly/One Off Payment)
Have you purchased any specialised clothing, footwear in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Do you pay anyone to maintain your garden? Please note we are unable to allow DRE if paid to family and/or friends therefore please detail in Section 9 (Additional Information) who is providing the service. Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you purchased a hoist? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Do you have extra laundry costs? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you paid any maintenance costs for Equipment Bought in Last Year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you purchased a powered bed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you purchased a turning bed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you purchased a Powered Reclining Chair? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Do you pay anybody Privately for Personal or Domestic Care? Please note we are unable to allow DRE if paid to family and/or friends therefore please detail in Section 9 (Additional Information) who is providing the service. Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Do you have any additional costs relating to holidays for example paying for a carer or equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you purchased a stair lift? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Do you have transport costs over and above your PIP / DLA mobility benefit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Have you purchased a manual wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Do you have a powered Wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Is there anything else you have purchased or have to pay for related to your disability or condition? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....

Any other DRE – Additional DRE not listed above that you would like to be considered for within the Financial Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....
Additional DRE (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost £ ..... Frequency .....

Disability Related Expenditure (DRE) is reasonable additional expenses that a service user incurs because of their illness or disability and where the service user has little or no choice other than to incur the expenditure to maintain independent living. The service user's support plan should identify disabilities or medical conditions that indicate that additional allowances should be given.



# Section 8 Other benefits

Please provide detail of any benefits that you have claimed for but have not yet been awarded.

Benefit claimed	Date of claim

# Section 9 Additional Information

If there is anything else you need to tell us or anything you feel has not been covered in the form please detail below.

## Section 10 Declaration

### Please read and sign the declaration.

- I can confirm that the information i have given on this form is true and complete to the best of my knowledge.
- I agree to you making any enquiries that you consider necessary.
- I understand that I must tell you immediately if there is any change to my circumstances.
- **I understand that I must pay the charge you set, and that I may have to pay the full cost if I do not fill in the form completely or if I give incorrect information.**
- I understand that the Department for Work and Pensions and Bedford Borough Council will exchange any information it has about me for the purpose of this financial assessment.
- I understand if I fall behind with payments owed in relation to Social Care supported Services, Bedford Borough Council will pursue me, my Personal Representative/ Power of Attorney, Court Appointed Deputy or Executor managing my Estate following my death, should Care charges remain outstanding.
- I agree to send you details of any benefits I receive so you can process my assessment.
- This form is a full and complete account of my financial situation. I understand that I may be liable to criminal prosecution if I have misrepresented my financial situation.

Surname:

First Names:

Address:

Your signature:

Date:        /        /

**If you are signing on behalf on the person receiving care from us, please send in the proof of Appointeeship, Power of Attorney or Deputyship with this form. The application may be delayed if you do not send us this evidence.**

**In order to process your form as quickly as possible, please return it with copies of all supporting documentation within the next 14 days. If you decide not to complete the form or it is not returned within 14 days you will be charged for the full cost of your care. If there is a reason why you cannot complete the form within this timescale please telephone 01234 718031.**

## How we use your information

We will hold and use your personal information in accordance with the requirements of the Data Protection Act 1998. We have a duty to protect the public funds we administer, and may use the information you provide for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

---

## Section 11 Checklist

The checklists below detail the sections you need to complete for either residential care or non-residential care / respite. Please tick to confirm that you have completed all the correct sections and that you have included all the relevant supporting documentation. Missing information or documents may result in delays in processing your form.

### Non Residential Care or Respite

---

- ☐ Section 1 About you and your partner
- ☐ Section 2 Paying the full cost of your care
- ☐ Section 3 Where you live
- ☐ Section 4 Savings, investments and capital
- ☐ Section 5 Income and Earnings
- ☐ Section 6 About money you pay out
- ☐ Section 7 Disability Related Expenses
- ☐ Section 10 Declaration
- ☐ Have you included all the relevant supporting documentation?

### Residential Care

---

- ☐ Section 1 About you and your partner
- ☐ Section 2 Paying the full cost of your care
- ☐ Section 3 Where you live
- ☐ Section 4 Savings, investments and capital
- ☐ Section 5 Income and Earnings
- ☐ Section 8 Other Benefits
- ☐ Section 10 Declaration
- ☐ Have you included all the relevant supporting documentation?

