

# Adult Social Care Services Financial Assessment Form



THE ROYAL BOROUGH OF  
**KINGSTON**  
UPON THAMES

You can get help with the questions in this form by contacting the Adult Social Care Finance Team:

Telephone: 020 8547 4778  
Email: [asc.financialassessments@kingston.gov.uk](mailto:asc.financialassessments@kingston.gov.uk)  
Write to: Adult Social Care Finance team  
Royal Borough of Kingston upon Thames  
Third Floor, Guildhall 2  
Kingston upon Thames, KT1 1EU

## Why have I received this form?

You are either currently, or are going to be, receiving a Social Care service from The Royal Borough of Kingston upon Thames. There are charges associated with the majority of social care services, the amount you will be charged depends upon your financial circumstances. Depending on the services you are receiving, you will usually be expected to pay for any services received from the start of the service. The information you provide us with, in this form, will be used to assess how much you will need to pay towards your services.

## Please complete this form and send it back to us within 14 days of receiving it

You should tear this page from the form, to keep for your information, and return the rest of the form along with the relevant documents, such as bank statements, and proof of income and outgoings. Your form should be returned by: .....

## What if I don't want to complete this form?

You do not have to provide details of your finances but if you do not then you must pay the full cost of any care you receive from the council and pay a fee to cover the council's costs for arranging this. We can also provide you with information and advice to help you choose providers to support you with your care needs. If you choose to pay the full cost of your care please complete sections 1, 2 and 14 of this form and return it to us at the address at the top of this page.

## What happens if I don't return the form within 14 days?

If the form is not completed and returned within 14 days you will be sent a reminder. If the form is still not returned, then the Council reserves the right to charge you the full cost for any services you receive. If you know you will not be able to complete and return the form within 14 days then please let the ASC Finance Team know using the contact details at the top of this page.

## What if my circumstances change?

If any of your financial circumstances change, such as the amount of money you have coming in, you should inform us using any of the contact options at the top of this page. We can then reassess the contribution you make towards your care costs. If you fail to do so the council reserves the right to check your finances and backdate your charge to the date your finances change

## Your partner's finances

You do not have to tell us anything about your partner's finances, if you do not wish to, but it can, in some circumstances, help to reduce your contribution.

## Providing evidence

We will need proof of all income, savings and anything you pay out for, examples of what you will need to provide are explained in each section of the form. Photocopies are acceptable. If you do not provide suitable evidence when returning the form, the Council reserves the right to charge the full cost of your care provision.



# Financial Assessment Form Checklist

Before you return the Financial Assessment Form to us, have you completed everything?

Details	Please Tick ✓
Completed all relevant sections	
Contacted us if you need help (using the details on the top of page 1)	
Provided your partner's financial details (if applicable)	
Provided evidence of all your income, savings and outgoings*	
Read, signed and dated the declaration and statement to share information in section 11	
Completed and signed the direct debit form in section 13 (if applicable)	

\*Where possible please send us photocopies of any documents. If you send us originals we will take a copy and return these to you as quickly as possible

Once you have completed this form please return it to:

**ASC Finance Team  
Royal Borough of Kingston upon Thames  
Third Floor, Guildhall 2  
Kingston upon Thames  
KT1 1EU**

To help us process your application as quickly as possible, please send us all the information and copies of documents within the next 14 days. The Council reserves the right to charge you for the full cost of your care if not returned within 14 days.

If you cannot complete and return the form within 14 days, please let us know by telephone, e-mail or letter using the contact details on the front cover of this form.

An electronic version of this form is available on the Kingston Website at: [www.kingston.gov.uk/](http://www.kingston.gov.uk/) and can be returned by email to [asc.financialassessments@kingston.gov.uk](mailto:asc.financialassessments@kingston.gov.uk)

The full charging policy can be found on the Kingston Website at: [http://www.kingston.gov.uk/info/200182/get\\_support\\_to\\_stay\\_independent/139/charges](http://www.kingston.gov.uk/info/200182/get_support_to_stay_independent/139/charges)

If you have difficulty reading or completing this document because of a disability or because English is not your first language please contact the ASC Finance team on **020 8547 4778** and they will be able to assist you

## Section 1 – About you and your partner



Section 1 is for you to tell us about you and your partner. If you are receiving care in your own home or short term care outside your home, please put in your current home address.

If someone else helps you with your financial affairs, please tell us who that person is and their contact details so that we can talk to them.

You		Your Partner	
Title: (Mr, Mrs, Miss, Ms)		Title: (Mr, Mrs, Miss, Ms)	
Surname:		Surname:	
First Name:		First Name:	
Address:		Address:	
Date of Birth:		Date of Birth:	
Phone No		Phone No:	
Email address:		Email address	
National Insurance Number:		National Insurance Number:	
Letters	Numbers	Letter	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

What is your marital status:

married?	Yes <input type="checkbox"/>	single?	Yes <input type="checkbox"/>
living as a couple?	Yes <input type="checkbox"/>	divorced?	Yes <input type="checkbox"/>
living in a civil partnership?	Yes <input type="checkbox"/>	separated?	Yes <input type="checkbox"/>
		widowed?	Yes <input type="checkbox"/>

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

If yes please give us details of their name and address and a copy of the authority to act

*If you would like the person who deals with your financial affairs to complete and sign this form on your behalf and receive correspondence relating to your financial assessment, please give them this form. If you are completing this form on behalf of someone else, please complete Section 12 and enclose evidence of Appointeeship, Deputyship or Power of Attorney within the application.*

## Section 2 – Paying the full cost of your care

You will need to sign below to confirm that you understand that you will be paying the full cost of your care, including arrangement and management fees if you are getting non residential care.

If you are prepared to pay the full cost of your services, please select **one option from the table below** and sign this declaration and continue straight to section 12 (Section 13 if you are signing on behalf of someone else).

	Residential care ( <i>no arrangement or management fees are chargeable</i> )	
	Or I want the Council to look after my care and accept that I will be charged a setup arrangement fee of £340.00 + VAT plus an ongoing management fee of £12.05 + VAT per week	

<b>Signed:</b>	<b>Date:</b>
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If you seek funding assistance and would like the Council to work out how much you can afford to pay towards the cost of your care go straight to section 3.

## Section 3 – Your adult social care services

**Please tell us what services you are receiving / are expecting to receive:**

- Help in my own home     Going to stay in a care home     Unknown

## Section 4 – Cash assets, investments capital and gifts

Section 4 is for you to start to tell us about your current cash assets, investments and capital. Please also include details of any joint accounts you hold

**Please provide copies of bank statements and/or other relevant documents covering the past 12 months. We may request more information if need be. This includes any bank or savings accounts that have been open and closed within the last 7 years. Please include any additional information regarding your financial circumstances which may be relevant. We will accept photocopies. Please continue on a separate sheet if necessary and attach it to the form.**

Where you own a share of capital with someone else ( e.g your spouse or partner) the total value will be divided equally between the joint owners. You will be treated as owning an equal share unless you provide evidence to the contrary

**Bank and Building Society Accounts** *(including current account balances and savings)*

Name of bank /building society	Sort code	Account number	Date account opened	Date Account Closed	Balance	Date of balance	Owner <i>Please tick as applicable, tick both for a joint account</i>	
							You	Your partner

**Stocks Shares Unit Trusts**

Name of Stocks Shares or unit trust	Quantity Held	Value	dividends

**Other Assets**

<i>(please describe or specify)</i>	<b>Balance</b>	<b>Date of balance</b>	<b>Owner</b>	
			<i>Please tick as applicable, tick both for a joint account</i>	
			<b>You</b>	<b>Your partner</b>
<b>Post Office accounts:</b>				
<b>National savings certificates:</b>				
<b>Premium / savings bonds:</b>				
<b>Any other capital or assets</b>				

**Gifts**

If you have made gifts or loaned money of more than £500 to anyone including relatives, friends etc. in the last seven years please provide details below. Or does anyone hold a bank account on your behalf ?

Yes  No

If Yes, please give us details such as to whom, when, how much and why and supplement with any documentary evidence.

**Other Information**

Please also provide any other information regarding your assets which you think may be relevant to your financial assessment. This includes any assets you own or partly own in the UK or abroad? (for example property, land a mobile home or static caravan ) :

**Section 5 – Where you live**

Section 5 is for you to tell us about where you currently live or, if you are in a care home, the property you lived in previously. This section allows us to better understand your living situation and any property assets that you might have.

**Are/were you living in:**

**A council property?** Yes

If you will be giving up this tenancy please tell us the tenancy end date: .....

**Privately rented property?** Yes

If you will be giving up this tenancy please tell us the tenancy end date: .....

**Property you own?** Yes

**Other?** Yes

Please specify:

**Type of Property** (This will help us work out if you are entitled to an allowance for additional heating costs, see section 9 for further details)

Flat  Terraced  Semi Detached  Detached

**How long have you lived at your present address:**

Years:

Months:

**If less than 2 years please give details of previous address:**

.....  
.....  
.....

**Please give details of anyone else who lives with you including any relatives who do not have a rent liability?**

.....  
.....  
.....

**Are you related to the person whom you pay rent to?** Yes  No

**If you are a joint tenant or owner please give the names of the other tenants or owners:**

.....  
.....



**Have you owned and sold or transferred any property within the last 7 years?**

Yes  No

If yes, please give us the address and details: .....

**If you are going into a care home, please answer the question below:**

**If you own a property, are you interested in looking into the deferred payments scheme?**

More information about deferred payments can be found in our “Deferred Payment Scheme Factsheet”. Your care manager can give you a copy.

Yes  No

**If you own any property, in the UK or abroad, please tell us its address and approximately how much it is worth**  
*(please continue on a separate page and attach, if necessary)*

**Additional details:**

**Address:** .....

**Postcode:** ..... **Country:** .....

**Property Value: £** ..... *(If known)*

**Do you own or partly own any other type of assets in the UK or abroad? (i.e. property, land or a mobile home or static caravan?)**

Yes  No

If yes, please supply the address and the approximate value:  
*(please continue on a separate page and attach, if necessary)*

**Address:** .....

**Postcode:** ..... **Country:** .....

**Property Value: £** ..... *(If known)*

**Additional details:**

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

<b>Full Name</b>	<b>Date of Birth</b>	<b>Relationship to You</b> <i>e.g. spouse partner, other family member, subtenant</i>	<b>Is this their main or only home? (Yes/No)</b> <i>If yes please state the date they moved in and benefits received</i>


**Does anyone receive Carers Allowance for caring for you?** Yes  No

How many hours per week do they care for you? .....hours

Do they live with you? Yes  No

If yes, please provide their names: .....

**Do any of the individuals above receive or require support for an illness or disability?**

Yes  No

If yes, please provide their names: .....

Do you intend to sell any of your properties/assets Yes  No

If you have disposed of any property and /or assets, including transfer of ownership of all or any part of your property within the last seven years, please give details below.

## Section 6 – Income and earnings

Section 6 is for you to tell us about your household's income. This includes money coming in from work, pensions and benefits. Please provide evidence as requested. We will accept photocopies. You can choose whether or not to give us financial information about your partner, however by providing information about their finances may reduce your contribution.

In this section we will also ask if there is anyone else, apart from your partner, who usually lives in the property with you or another property you own. If you are receiving income from subtenants or boarders this needs to be detailed in this section. Again, evidence is required such as rent books or rental contracts.

If you have no income please tick this box

Please specify the reason why you are not in receipt of income and explain when your circumstances are expected to change

**Income from work – This is helpful to ensure you or your partner’s benefits are maximised. Income from work is only taken into account if you are getting care in a registered care home**

Please tell us about any income you, or your partner, receive from paid employment. If you or your partner is in any kind of paid employment, we will need proof of pay in the form of the last two payslips.

	You	Your Partner
Do you or your partner do any paid work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the net income (after tax) received from this work?	£	£
Is this income Weekly (W), Fortnightly (F), Four weekly (4) or Monthly (M)?		

**Other Income sources**

Please give us details of all other income sources you and your partner have and how often you receive it. Please provide evidence in the form of benefits confirmation letters from the Department for Work and Pensions (DWP) or highlighted as income on bank statements covering the past six-months, or for as long as you have received the benefit.

\* Weekly (W), Fortnightly (F), Four Weekly (4), Monthly (M), Annual (A)

	You		Your Partner	
	£	Frequency*	£	Frequency*
<b>Pensions</b>				
Pension Credit (Guaranteed and Savings Credit)	£		£	
State Retirement Pension	£		£	
War Disablement Pension	£		£	
Work or Private Pension 1	£		£	
Work or Private Pension 2	£		£	
War Widow’s Pension	£		£	
Widow’s Pension or Bereavement Allowance	£		£	
Annuities and Life insurance Policies	£		£	

## Other Income sources (continued)

\* Weekly (W), Fortnightly (F), Four Weekly (4), Monthly (M), Annual (A)

	You		Your Partner	
	£	Frequency*	£	Frequency*
<b>Benefits and family money</b>				
Child Benefit	£		£	
Child Tax Credit	£		£	
Universal Credit (please provide details of the calculation breakdown)	£		£	
Income Support	£		£	
Jobseeker's Allowance	£		£	
Maintenance paid to you, your partner or your children	£		£	
Working Tax Credit	£		£	
<b>Money for sickness and disability</b>				
Attendance Allowance	£		£	
Carer's Allowance	£		£	
Disability Living Allowance: care				
Disability Living Allowance: mobility*	£			
Personal Independence Payment: daily living	£			
Personal Independence Payment: mobility*	£		£	
Employment Support Allowance: work-related	£		£	
Employment Support Allowance: support	£		£	
Industrial Disablement Benefit	£		£	
Severe Disablement Allowance	£		£	
Statutory Sick Pay (give start date)	£		£	
<b>Other Income</b>				
Any Other income (Please give details) please include in this section any income you received from a third party made in order to top up your care fees (ie make an additional payment)	£		£	
	£		£	
	£		£	
Income from personal injury payment	£		£	

\*Although Mobility allowances are excluded from the assessment, we can help with a claim if you are entitled and not currently receiving either allowance. See Section 10 for more information about making a benefit claim.

**Income from tenants, subtenants or boarders**

**Do you receive any income from subtenants or boarders** Yes  No

*Subtenants are people who rent part of your home from you.  
Boarders are people who live in your home and receive meals from you.*

Amount received from Subtenants      £       Per Week       Per Month       Per Year

Amount received from Boarders      £       Per Week       Per Month       Per Year

**Do you receive any income from letting a property or land other than the home you live in?** Yes  No

Amount received      £       Per Week       Per Month       Per Year

**Address of Property:**  
.....  
.....  
.....

**Postcode:** ..... **Country:** .....

*(please continue on a separate page and attach, if necessary)*

**Section 7 – Money you pay out**

Section 7 is for you to tell us about your households’ outgoings. Please tell us about all your and your partners (if you choose to), outgoings and how often you pay towards them. **Please provide us with copies of your bank statements, bills and payment books as evidence.**

\* Weekly (W), Fortnightly (F), Four Weekly (4), Monthly (M), Annual (A)

	You		Your Partner	
	£	Frequency*	£	Frequency*
Rent: What do you pay towards your rent after any Housing Benefit?	£		£	
Mortgage repayments	£		£	

Endowment insurance connected to a mortgage	£		£	
Council Tax: What do you pay towards your Council Tax after Council Tax Benefit?	£		£	
Water rates and sewerage rates not included in any rent	£		£	
Service charges not included in any rent	£		£	
Support charges not included in any rent	£		£	
Buildings (not including contents) insurance premiums not included in any rent.	£		£	
Loans for repairs or improvements to property	£		£	
Payments under a co-ownership scheme	£		£	
Debts subject to repayment in accordance with a county court judgement				
Maintenance due by court order to a former partner	£		£	
Money to support a child as part of child maintenance arrangements	£		£	

## Section 8 – External debts (for Direct Payment applicants only)

This section is for you to tell us about any debts you have, their total value, repayments due and to whom they are owed. ***This will help us decide if you are eligible to receive a Direct Payment and are not included in your financial assessment*** This does not include any mortgage repayments you may have, which are detailed in section 7. Please continue on a separate page and attach, if necessary.

To whom is the debt owed e.g. company name	Outstanding balance of the debt	Date of balance	Repayment amounts	Repayment frequency*

## Section 9 – Disability Related Expenditure

**Only complete if you are going to be receiving services at home, if you are in, or are going into a care home please go straight to Section 10.**

This section is about all the expenses that you encounter because of your illness or disability, and are not included in your care plan. This can include things like higher heating or electricity bills, additional transport costs or any specialist equipment you have purchased.

This is an important section as it will directly affect the amount we charge and any allowances we can make due to your disability. We will need proof of outgoings such as letters, bank statements, and bills. Photocopies are acceptable.

**If you do not have any additional costs relating to your illness or disability go straight to section 10.**

This is not an exhaustive list but provides examples of the types of expenses you may encounter. If you have other expenses not listed below or you cannot find the proof required, please tell us in the space provided at the end of this section.

**FOR THESE COSTS TO BE CONSIDERED YOU MUST BE RECEIVING DISABILITY BENEFITS LIKE ATTENDANCE ALLOWANCE, DISABILITY LIVING ALLOWANCE OR PERSONAL INDEPENDENCE PAYMENT.**

Disability related expenses		Example of proof required	Cost and how often you pay (Weekly/Monthly Yearly/One off payment)
Do you think you pay higher than average for the cost of your heating due to your disability ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Last two electricity and gas bills	Cost : £ ..... Frequency:.....
Do you have a community alarm system such as Care Line, which you pay for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank statement/letter	Cost : £ ..... Frequency:.....
Do you have any medical costs not covered by the NHS as a result of your disability ? (e.g Prescriptions or incontinence pads )	Yes <input type="checkbox"/> No <input type="checkbox"/>	Purchase receipts covering an 8 week period	Cost : £ ..... Frequency:.....
Do you pay anyone to maintain your garden due to your illness or disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering a 4 week period	Cost : £ ..... Frequency:.....
Have you paid for any of the following items: Wheelchair? Powered reclining Chair/bed? Stair lift Hoist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Invoice or purchase receipt.	Cost : £ ..... Frequency:.....
Do you receive any care that RBK does not provide e.g. private cleaner, window cleaner or privately arranged carer, which is identified as a care need in your support plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering a 4 week period	Cost : £ ..... Frequency:.....
Do you have additional dietary needs that incur additional costs due to your disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering a 4 week period Evidence from your GP	Cost : £ ..... Frequency:.....
Do you have any extra toiletry or cleaning costs due to your disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering 4 week period	Cost : £ ..... Frequency:.....
Do you have special clothing or shoes? This includes additional wear and tear due to disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering 6 month period	Cost : £ ..... Frequency:.....
Do you receive any extra services that are on your care plan, which you pay for, such as physiotherapy or podiatry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Invoice or receipts covering an 8 week period	Cost : £ ..... Frequency:.....
Do you pay more for your laundry (including specialist washing powder)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Evidence as detailed in your care plan and or proof of expenditure	Cost : £ ..... Frequency:.....



Do you pay a higher amount for your Internet charges as a result of your disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering 4 week period	Cost : £ ..... Frequency:.....
Do you have to pay more to maintain your personal hygiene (e.s specialist soaps shampoo used when bathing or showering)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Receipts covering 4 week period	Cost : £ ..... Frequency:.....
Mobile Telephone costs where this is required in the event of an emergency Please provide an explanation in the additional information section below advising why the phone is essential	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mobile phone statements covering most recent 4 week period	Cost : £ ..... Frequency:.....
Do you feel that you have any other expenses, incurred by your illness or disability or that help you to live independently? (Please give details below and expand onto a separate sheet if necessary)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Purchase receipts or receipts covering a 4 week period if the service is ongoing	Cost : £ ..... Frequency:.....
Do you have exceptional mobility needs that are not covered by the mobility part of Disability Living Allowance?  Please also confirm if you are on a motability scheme	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	Purchase receipts or receipts covering a 4 week period if the service is ongoing	Cost : £ ..... Frequency:.....

**Additional Disability Related Expenditure information:**

## Section 10 – Welfare benefits

The Department for Work and Pensions (DWP) offer a Welfare Benefit Check to ensure you are receiving all benefits to which you are entitled. To receive a benefit check you can get in touch with a local organisation to provide assistance with your benefit claim. Organisations you can contact include:

Organisation	Contact details	Suitable for
Staywell (previously Age Concern Kingston)	(020) 8408 8170 enquiries@staywellservices.org.uk <a href="http://www.staywellservices.org.uk">www.staywellservices.org.uk</a>	Anyone aged 60 years and over living within the Borough of Kingston upon Thames, and/or their family or carers
Kingston Citizens Advice Bureau (KCAB)	020 3166 0953 enquiries@kcabs.org.uk <a href="http://www.kcabs.org.uk">www.kcabs.org.uk</a>	All residents of Kingston upon Thames
Kingston Centre for Independent Living (KCIL)	020 8546 9603 <a href="http://www.kcil.org.uk/contact">www.kcil.org.uk/contact</a> <a href="http://www.kcil.org.uk">www.kcil.org.uk</a>	- Disabled people in Kingston - Carers - Professional people working with disabled people
Kingston Carers Network (KCN)	020 3031 2757 info@kingstoncarers.org.uk <a href="http://www.kingstoncarers.org.uk">www.kingstoncarers.org.uk</a>	Unpaid Carers supporting someone in the borough with a disability, illness, frailty or substance addiction
Mind Kingston 50 Canbury Park Road Kingston upon Thames KT2 6LX	020 8255 3939 info@mindinkingston.org.uk (please note this mailbox is <b>not monitored</b> on a daily basis)	Mind promote the understanding of mental health issues and to provide a range of services in the Royal Borough of Kingston to people with support needs due to their mental health.

If you would like a benefit check, but none of the above options suit you, we offer a free and confidential Welfare Benefit Check and can assist you with your initial benefits applications. This service is limited to those who are or will be receiving care.

**I do not wish to have a welfare benefits check**      **Yes**       Continue to Section 10

**I will seek a welfare benefits check with the assistance of a local organisation**      **Yes**       Continue to Section 10

**I would like a welfare benefits check with the assistance of the Council's Financial Assessment Team**      **Yes**       Please complete below

If you have claimed any benefits you have not told us about in Section 5, because you are yet to have the application completed, please complete the following:

Benefit Claimed	✓	Date Claimed	Benefit Claimed	✓	Date Claimed
Pension Credit			Employment Support Allowance		
Severe Disablement Allowance			Attendance Allowance		
Income Support			Other (please specify):		
Personal Independence Payment Allowance					

## Independent Financial Advice

You may wish to consider obtaining independent financial advice from an accredited advisor. This can be obtained from the Society of Later Life Advisers (SOLLA) Telephone 0333 2020 454  
[admin@societyoflaterlifeadvisers.co.uk](mailto:admin@societyoflaterlifeadvisers.co.uk) [www.societyoflaterlifeadvisers.co.uk](http://www.societyoflaterlifeadvisers.co.uk)

## Section 11 – Additional information

This is where you can give us any further information about your financial situation that has not been covered in other sections of this form.

## Section 12 – Declaration of Interest

Do you have a partner, spouse, relative, friend or know a close personal associate whereby a conflict of interests could potentially arise with your application to receive social care services from the Council?

Please tick ✓ where appropriate

Yes  No

Please provide further information below

## Section 12a Declaration and authorisation to share information

### Please read, sign and date the declaration

I am aware that I will have to pay an assessed contribution towards the cost of services provided to me or arranged on my behalf. I understand that the detailed figure, including the method of calculation will be notified to me separately. I understand that legal action may be taken against me to recover any unpaid charges.

**I authorise** the Royal Borough of Kingston upon Thames (“RBK”) to obtain details of my financial circumstances that are necessary to calculate my contribution towards services provided or commissioned by RBK. I hereby agree that enquiries may be made to my solicitor, bank manager or relatives concerning my financial circumstances.

I declare that the information given is true and complete and I authorise the RBK to make any necessary enquiries in respect of this information.

I authorise RBK to send information from this form to the Department for Work and Pensions (“DWP”) for them to contact me and complete a welfare benefits check.

I authorise the DWP to pass details of the person named on this form’s state benefit entitlement to RBK.

I authorise the DWP to pass details of any benefits awarded to me following the welfare benefits check to RBK.

I agree to inform RBK as soon as possible if any of the information given here changes, or if I become aware that it is incorrect.

I agree to pay the appropriate charges and to pay any backdated amount should a relevant state benefit be awarded retrospectively to the person named on the form.

I understand that RBK will, where appropriate, calculate any entitlement and include it in the financial assessment.

I understand legal action may be taken against me to recover any unpaid charges or if I knowingly give false information.

If I am acting on behalf of the person named on the form, I agree to tell RBK immediately if I cease to act on the behalf of the named person, and to inform RBK to the best of my knowledge who is going to act for them in the future.

I understand that the information on this form will be processed by computer and the information provided will be stored electronically and used in accordance with the notification made by RBK under the Data Protection Act 1998.

I understand that all chargeable services will usually be charged from the start of the service.

I understand that should I have capital or savings above the current full cost threshold of £23,250 I will be liable to pay a setup fee of £340.00 + VAT and an ongoing administrative charge of £12.05 + VAT per week.

I understand that information about my financial circumstances will be reviewed annually which may lead to a change in my contribution.

The information you declare may be shared with other Departments for the purpose of prevention and detection of crime.

I have not deprived myself of any other assets or transferred other capital or property to avoid care charges within the last seven years that have not been disclosed in the sections above. I also understand that Council will use the provisions contained in Annex E of the 2014 Care and Support Statutory Guidance should any issues of deprivation arise

I understand that RBK will use provisions detailed in the Care Act and any other relevant legislation including the Regulation of Investigatory Powers Act 2000 should any issues of deprivation of capital arise

If I fail to declare assets that I hold fully or part of an interest in then the Council may act retrospectively to recover any sums due and/or may take legal action.

**For those in or going in to nursing or residential care only:**

I understand that the RBK will calculate my assessed contribution under the Care Act 2014. I understand that the value of my property is disregarded in my financial assessment if my partner lives in the property as their main home. This disregard will end if their personal circumstances change resulting in the home no longer being their main residence.

It is an offence under the Fraud Act 2006 to make a false statement or withhold any information.

(Please tick to confirm you have read and understood the above Declaration)

declare that I have read and understand in full the Declaration on pages 21 & 22 and agree to its terms.

**Full name:**

**Your signature:**

**Date:**

## Section 13 – Signing this form on behalf of the person this form is about

If you are completing and signing this form on behalf of the person this form is about, please complete this section, if not move onto section 14.

<b>Your Name:</b>	
<b>Your Address:</b>	
<b>Your day time phone number:</b>	
<b>Your e-mail address:</b>	
<b>Your relationship to the person named on the form:</b>	
Does the person know you are signing the form on their behalf ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold one of the following for the person	
Enduring Power of Attorney (EPA) ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold Lasting Power of Attorney (LPA) - property and affairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold Lasting Power of Attorney (LPA) - health and welfare?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property and Affairs Deputyship under Court of Protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appointeeship awarded by the Department of Works and Pensions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please send in proof of Appointeeship, Deputyship or Power of Attorney (if you have this) with this form. The application may be delayed if you do not supply this evidence.</b>	
<b>If we already have these details on our records please tick this box</b>	<input type="checkbox"/>

## Section 14 – Protecting your information

At the council, we respect your privacy rights and are committed to making sure that we protect your details, the information about your dealings with us and other information about you made available to us ('your information').

We will use your information to:

- Deal with your requests and carry out our departmental functions, for example, processing your Financial Assessment;
- Meet our statutory obligations;
- Prevent and detect fraud;
- Conduct surveys and research.

We may share your information, but only the minimum amount necessary to do the above and only where it is lawful to do so. This would be sharing information with other departments within the Council, including the elected members, Central Government departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on their behalf.

We may also use and disclose information that does not identify individuals for research and strategic development purposes. You have a right to see your information, subject to certain exceptions and the payment of a fee. If you have any requests concerning your information or any queries about how we process it, please contact the Financial Assessments Team (see Section 11 for contact details).

For more information about our Privacy Notice, please see our website at

[https://www.kingston.gov.uk/info/200281/policies\\_and\\_statements/418/privacy\\_statement/5](https://www.kingston.gov.uk/info/200281/policies_and_statements/418/privacy_statement/5)

## Section 15 – Paying your contribution

Once the assessment has been completed and the contribution (including any applicable arrangement and management fees for your care) you will pay towards your care calculated these payments should, where possible, be paid by Direct Debit.

A Direct Debit form can be found on page overleaf, you will be made aware of your contribution amount by letter before any payments are taken.

Please complete the Direct Debit form and return it with the rest of this form; remember to sign and date it. It is possible to change your payment details at a later date should you wish to do so.

If you do not have a bank account that is able to manage direct debits, you will be sent an invoice every month, one month in arrears. You will then be able to pay by:

- Telephone using switch/delta/Visa Debit or credit card
- At the Bank Post Office or Payzone
- Pay online by credit or debit card
- Bank Transfer

Your invoice will contain further information on how to pay

Please tick here ✓ if you do not have a bank account that can manage direct debits





**For Office use only**

**Name of the Council officer who has seen and checked the documents:**

**Name of the person following up benefits application (if submitted):**

.....  
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.....  
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Type of document seen	Details (reference, name, address)	Seen by (Initial)	Date	Checked by (initial)	Date
Payslip(s)					
Pension book(s)					
Pension from employer					
Bank/Building Society statement					
Income Support or Pension Credit					
Incapacity Benefit					
Savings					
Outgoings (i.e. housing costs)					
Land registry or other property documents					
Property & Financial Affairs Lasting Power of Attorney					
Other documents					