



COUNTY BOROUGH COUNCIL
REVENUES BENEFITS ASSESSMENT SERVICE

FINANCIAL ASSESSMENT APPLICATION FORM

Please complete this form if you are receiving a service from the Social Services Department of Conwy County Borough Council and require assistance with the cost. Please tick the box below to say which assistance you need.


- Care in a residential home or nursing home
- Care provided in your own home
- Day services which give you the chance to join in social and educational activities
- Direct payment to enable you to purchase care as agreed with your Social Worker


If you receive any of the above services you may need to pay for the full cost of that service, unless you request a Financial Assessment of your circumstances by completing this application form.

The guidance for Local Authorities to charge for residential or non-residential care are covered under the Social Services and Well-being (Wales) Act 2014 Part 4 and 5 Code of Practice (Charging and Financial Assessment)

If you do not wish to request help with the charge or have savings of more than £50,000 (effective from 1/04/19) if you are in receipt of care in a residential home or nursing home; or £24,000 (effective from 1/04/19) if you are in receipt of care in your own home, days services or direct payments, please then just complete page 3 of this document and return to:

Postal Address: Conwy County Borough Council, Revenues & Benefits Assessment Services, Financial Assessment Unit, PO Box 1, Conwy LL30 9GN

 **01492 574122**

 **Fax: 01492 574160**

 **fao@conwy.gov.uk**

Text Relay 1800 01492 574122

Visit us at: Coed Pella, Conwy Road, Colwyn Bay LL29 7AZ

If you need a copy of this form in Welsh, Braille or large print please contact this Office. We also have access to an interpreting service called 'The Big Word' which is 24 hour telephone interpreting service.

1. Guidance on completing this form

Please complete the relevant sections as fully as you can, in order that a financial assessment can be carried out towards helping you with your care charges.

If you are completing this form on behalf of someone else and they are able to understand the reason for completing this form, their signature is required on **page 15**. If they are unable to sign, an X can be placed in the signature box. This is to ensure that the information on the form they understand to be complete and accurate.

If the person you are completing the form for is not able to understand the reason for completing this form, you will need to state on **page 15** the legal or formal authority you have to act on this person's behalf. This can be in the form of an enduring power of attorney, lasting power of attorney or deputyship.


If the person you are completing the form for is unable to understand the reason for completing this form and you do not have legal or formal authority to act on their behalf, please state this on **page 15**. It would be useful if you also explain if you are planning to get authority to deal with and manage their financial affairs.

If you need help to complete this form, please contact the Financial Assessment Office or ask your Social Worker.

The Financial Assessment Office can be contacted on **01492 574122** between 9.00am and 5.00pm Monday to Thursdays and 9.00am to 4.45pm on Fridays.

All completed forms should be returned to:

Postal Address: Conwy County Borough Council, Revenues & Benefits
Assessment Services, Financial Assessment Unit, PO Box 1,
Conwy LL30 9GN

 **01492 574122**

 **Fax: 01492 574160**

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COUNTY BOROUGH COUNCIL

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REVENUES BENEFITS ASSESSMENT SERVICE

2. Confirmation that you wish to pay the full cost for your Social Care Service

If you do not wish to request help with the charge or have savings of more than £50,000 (effective from 01/04/19) if you are in receipt of care in a residential or nursing home; or £24,000 (effective from 01/04/19) if you are in receipt of care in your own home, days services or direct payments **please complete this page of the form only** and return to the Financial Assessment Office at the address given below.

Your full name (including title)	
Your address (including postcode)	
Telephone number	
Date of Birth	

I do not wish to give Conwy County Borough Council my financial details/or I have savings over £50,000 (effective from 01/04/19) if I am in receipt of care in a residential home or nursing home; or £24,000 (effective from 01/04/19) if I am in receipt of care in my own home, days services or direct payments and therefore agree to pay the full charge for social care services Conwy County Borough Council have agreed or provided.

I understand that I should not dispose of any property or assets or financial resources for the purpose of reducing my ability to pay for the social care service I receive. If I do so, they may be treated as assets I still own.

The maximum charge for home care, other non residential care or short term care i.e. care not exceeding 8 weeks is set by the Welsh Government and from the 6th April 2020 is £100.00 per week

Signed	
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Date	/	/
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Please return this form to:

Postal Address: Conwy County Borough Council, Revenues & Benefits Assessment Services, Financial Assessment Unit, PO Box 1, Conwy LL30 9GN

Visit us at: Coed Pella, Conwy Road, Colwyn Bay LL29 7AZ

3. About you and your partner

Are you: Single Married or in a civil partnership Widowed
 Divorced Living with a partner you are not married to Separated

If you have a partner do they normally live with you?

By partner we mean someone you are married to or live with as if you were married.

No

Yes

	You	Your partner
Surname	<input type="text"/>	<input type="text"/>
Other names	<input type="text"/>	<input type="text"/>
Any other last names you have used	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Ms and so on)	<input type="text"/>	<input type="text"/>
Address Do not tell us your partner's address if it is the same as yours.	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number You can find this on payslips or letters from the Department for Works and Pensions or H M Revenue and Customs. We cannot decide your claim if we do not have your National Insurance number.	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have a National Insurance number, or cannot find it, tick this <input type="checkbox"/> box.	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/> If you do not have a National Insurance number, or cannot find it, tick this <input type="checkbox"/> box.

Are you/Your partner (Please tick all that apply)	You	Your partner
In full time employment	<input type="checkbox"/>	<input type="checkbox"/>
In part time employment	<input type="checkbox"/>	<input type="checkbox"/>
In full time education	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Registered Blind	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>

3. About you and your partner (continued)

	You	Your partner
Your daytime phone number	Land line	Land line
	Mobile	Mobile
Email address You do not have to tell us this, but it may help us to deal with your claim more quickly.		

4. People who act on your behalf

Do you have a relative or representative who deals with your financial affairs? No Yes

Does anyone act on your behalf as the following?

An Appointee (for benefits only) No Yes

An Attorney under a Power of Attorney
(You will need to send us a copy of the Power of Attorney) No Yes

A Lasting Power of Attorney (LPA)
(You will need to send us a copy of the Power of Attorney) No Yes

An Attorney under and Enduring Power of Attorney
(You will need to send us a copy of the Power of Attorney) No Yes

A Deputy appointed by the Court of Protection
(You will need to send us a copy of the Deputyship) No Yes

A representative No Yes

If you have answered 'Yes' to any of the above, please give us details of the person acting on your behalf.

Their name

Their address
(including postcode)

Phone number

Their relationship to you

Do you want us to send all of your letters to this person? No Yes

5. About other people who live with you (NOT your partner)

If none please move to Question 6

	Other person 1	Other person 2	Other person 3
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, Miss etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>

6. Property/Land

Do you or your partner own property or land? (including the property you live in)

No Please move to **question 7**

Yes Please complete this section

	Property 1	Property 2
Please give the address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
What is the approximate value of the property or land?	£ <input type="text"/>	£ <input type="text"/>
Is the property:	<input type="checkbox"/> Solely owned <input type="checkbox"/> Jointly owned	<input type="checkbox"/> Solely owned <input type="checkbox"/> Jointly owned
If the answer is "jointly owned" are you:	<input type="checkbox"/> Tenants in common <input type="checkbox"/> Joint tenants	<input type="checkbox"/> Tenants in common <input type="checkbox"/> Joint tenants
Do you have a life interest in the property? i.e. property held in trust/ life tenancy	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Who lives in the property?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>
What is their date of birth?	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
Do you or your partner receive any rent in respect of the property/land?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', please state the amount of rent received each month	£ <input type="text"/>	£ <input type="text"/>

6. Property/Land (continued)

If there is a mortgage on the property who is the lender?

Please state the amount of mortgage outstanding?

£

£

Please provide proof of outstanding mortgage and payments if applicable

7. Assets/Financial Resources

Have you or your partner previously owned a property which you have sold, transferred or given away?

No Yes

If 'Yes', please give address of property/land.

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

What was the month and year of the sale/transfer and value?

Month Year Value

No Yes

£

Do you or your partner own property/land abroad?

If 'Yes', what is the approximate value?

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Have you given away or disposed of any property, assets or financial resources?

No Yes

Amount

£

Has your spouse/partner/civil partner given away or disposed of property, assets or financial resources?

No Yes

Amount

£

Are you expecting to receive any property, assets or financial resources in the next 12 months?

No Yes

Approximate Amount

£

Is your spouse/partner/civil partner expecting to receive any property, assets or financial resources in the next 12 months?

No Yes

Approximate Amount

£

8. Savings and investment

Do you or your partner have any capital, (including bank accounts) savings or investments in the UK or abroad?

This includes cash, current accounts and savings accounts with a bank or building society, post office accounts, Premium Bonds, National Savings Certificates, and stocks and shares.

No **Go to part 9**

Yes Answer all the questions in this part. We must see proof of all of your savings and investments such as your bank, building society or post office books, or certificates for Premium Bonds, National Savings Certificates, ISA's, stocks and shares and unit trusts. We need proof of any interest or payments you receive for investments and savings. The proof you send must show details for at least 6 months although we do reserve the right to request further information if necessary.

Do you or your partner have any bank accounts?

No

Yes Tell us about all your **bank accounts**, even empty or over-drawn ones. If there are more than two bank accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

No

Do you or your partner have any building society accounts

Yes Tell us about **building society accounts**, even if you do not use them regularly. If you have more than two building society accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

Name of building society

Account number

Whose name is the account in?

How much is in the account?

£

8. Savings and investment - continued

Do you or your partner have any post office accounts?

This includes savings accounts and Girobank accounts.

No

Yes Tell us about **post office accounts**. If you have more than two post office accounts, tell us about the others on a separate sheet of paper and send it with this form.

If you are sending a separate sheet of paper, tick this box

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Name of bank

Account number

Whose name is the account in?

How much is in the account?

£

Do you or your partner have any Premium Bonds?

No

Yes What is the value?

£

No

Do you or your partner have any National Savings Certificates?

Yes Issue number Value How many?

£

Issue number

Value

How many?

£

Do you or your partner have any stocks, shares, bonds or unit trusts?

No

Yes Company name How many?

Company name

How many?

If you have more than two National Saving Certificates, stocks, shares, bonds or unit trusts, tell us about the others on a separate sheet.

No

Yes Tell us about this

Do you or your partner have any other capital, savings or investments?

For example, cash, TESSAs, ISAs, TOISAs, compensation, or any other money you have not told us about on this form.

9. About benefits

Are you or your partner getting any benefits or waiting to hear about benefits you have claimed?

Read the list of benefits below and tell us about any you or your partner are getting now or have claimed.

- Bereavement Allowance
- Child Benefit
- Child Tax Credit
- Adoption Pay
- Pension Credit (including Savings Credit)
- Fostering Allowance
- Guardian's Allowance
- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Industrial Death Benefit
- Invalid Care Allowance or Carer's Allowance
- Jobseeker's Allowance
- Maternity Allowance
- Retirement Pension
- Severe Disablement Allowance
- War Disablement Benefit, War Pension or War Widow's Pension
- Widow's or Widower's Benefits
- Working Tax Credit
- Statutory Sick Pay
- Statutory Maternity Pay or Statutory Paternity Pay
- Employment Support Allowance
- Disability Living Allowance/Personal Independence Payment
- Attendance Allowance
- Universal Credit

If you are getting or have claimed any benefit that is not listed, tell us about it on a separate sheet of paper and send it with the form.

No Go to part 10

Yes Tell us about the benefits below. Tell us the full rate of the benefits before any deductions.

If you are sending a separate sheet of paper, tick this box

	You	Your partner
The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Are you:

waiting to hear about this?	<input type="checkbox"/>	<input type="checkbox"/>
getting this now?	<input type="checkbox"/> How much? £ <input style="width: 100%;" type="text"/>	<input type="checkbox"/> How much? £ <input style="width: 100%;" type="text"/>
	How often?	How often?
	<input style="width: 100%;" type="text" value="Every"/>	<input style="width: 100%;" type="text" value="Every"/>

The name of the benefit or pension	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Are you:

waiting to hear about this?	<input type="checkbox"/>	<input type="checkbox"/>
getting this now?	<input type="checkbox"/> How much? £ <input style="width: 100%;" type="text"/>	<input type="checkbox"/> How much? £ <input style="width: 100%;" type="text"/>
	How often?	How often?
	<input style="width: 100%;" type="text" value="Every"/>	<input style="width: 100%;" type="text" value="Every"/>

9. About benefits - continued

You

Your partner

The name of the benefit or pension

Are you:

waiting to hear about this?

getting this now

How much?

£

How much?

£

How often?

Every

How often?

Every

10. Other income

Do you or your partner, or any children you are claiming for, have any money coming in (or expect to have some money coming in) that you have not already told us about on this form?

No Go to part 11

Yes Answer the questions on this page

This includes:

- occupational pensions
- maintenance or child support for you, your partner or any of the children you have told us about on this form
- money from a trust fund
- training allowances
- a student grant or loan
- cash payments
- Also, tell us about any money you get from people living in your house as boarders, lodgers or subtenants. (You do not need to tell us about payments from the Independent Living Fund, the Eileen Trust or the MacFarlane Trust)

Other money 1

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start getting this income?

 / /

When is the income likely to go up?

 / /

If the income is from an occupational pension, please provide an address for the pension provider.

Other money 2

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start getting this income?

 / /

When is the income likely to go up?

 / /

10. Other income - continued

Other money 2

What is the money for?

Who gets it?

How much do they get?

£

How often?

Every

When did they start getting this income?

/ /

When is the income likely to go up?

/ /

Is it your intention to give half of your private or occupational pension to your partner?

No

Yes

If it is, this may affect other benefits they may be entitled to. For more advice, please phone the Financial Assessment Unit on 01492 574122

11. Money paid out

Give the amount you pay out and how often (for example, every week, month or four weeks).	You	Please state if weekly, 4 weekly, or calendar monthly	Your Partner	Please state if weekly, 4 weekly or calendar monthly	Office use
Maintenance payments to an ex-partner for dependent children (See Note 1 below)					
Care line payments you make to Conwy County Borough Council (See Note 2 below)					
Parental contribution towards a student maintenance grant (See Note 3 below)					
Mortgage (less any amount included in Income Support) (See Note 4 below)					
Rent (Please deduct any Housing Benefit you receive)					
Council Tax (Please deduct any Council Tax Benefit you receive)					
Personal pension scheme (See Note 5 below)					
Private care costs (not including cleaning) (See Note 6 below)					
Other expenses, for example, a special diet (please give details) (See Note 7 below)					

Help Notes

- 1 Provide a court order/copy of agreement and enclose the last five receipts as proof of payment
- 2 Please give reference number
- 3 Please provide proof, for example, a covenant, or written statement
- 4 Please include the cost of any endowment policy
- 5 Please provide proof
- 6 Please give details of who you pay and what you pay for
- 7 Please show any contribution to care package costs (not including cleaning)

12. Declaration

The person receiving the service should sign this form if possible. If you cannot sign this form because you have a physical or mental illness, you should get your financial representative to sign it (see section on Guidance on Completion).

I confirm that as far as I know, I have understood the following.

- I understand if I go into a residential home or nursing home, you may place a legal charge against my property 12 weeks after my stay becomes permanent. Conwy County Borough Council will cancel this if I leave the residential home or nursing home within 52 weeks (this does not apply if your husband, wife, civil partner, or certain other relatives continues to live in the property.)
- I acknowledge that you have given me the chance to get independent legal advice before I sign this agreement.
- You may use any information I have provided in connection with this and any other claim for state benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private companies such as banks and organisations that may lend me money if the law allows this.

I understand that I should not dispose of any property or assets or financial resources for the purpose of reducing my ability to pay for the social care service I receive. If I do so, they may be treated as assets I still own.

I confirm that, as far as I am aware the information stated on this Financial Assessment application form is correct and complete.

Your signature
or mark

Date

If any part of this form has been filled in by someone other than the person claiming

Please tell us why you are filling in this form for the person claiming

Name of the person who
filled in the form

Signature of the person

Relationship to the person claiming

Date

13. Equal opportunities - monitoring form

The questions in this section are to help us analyse, monitor and improve our services.

We keep all of this information on a confidential database.

You do not have to fill in this page of the form.

About yourself

Are you: male? female?

How would you describe your ethnic background?

White

British

Irish

Welsh

Any other white background Please give details

Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed background Please give details

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(Please give details)

Black or black British

Caribbean

African

Any other black background
(Please give details)

Chinese or other ethnic group

Chinese

Other ethnic group
(Please give details)

How old are you?

16 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 or over

Do you have any long-term illness, health problem or disability that affects your day-to-day activities? No

Yes

Thank you for filling in this form.