Adult Social Care Financial Assessment form (FC2A)

If you need any help with the questions in this form, please contact the Financial Assessment Team.

Telephone: **For queries or to book a home visit**, please call
020 8545 4036 (non-residential queries)
020 8545 4047 (residential queries)

Writing: The Financial Assessments Team
London Borough of Merton
Civic Centre, London Road
Morden SM4 5DX

Email: financial.assessment@merton.gov.uk

Why have I received this form?

You have received this form as you have applied to receive help from Merton Council Adult Social Care. Adult Social Care is making sure local people who need care and support have more choice and are more in control of their lives. We call this self-directed support. The information you give us on this form will help us decide if we can help you with the costs of social care.

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 relevant documents, such as bank statements and proof of income and outgoings.

What should I do if I need help?

If you need help with the form please contact us. We can either give advice over the phone or visit you in your home. While we are carrying out your assessment we will also check that you are receiving all the welfare benefits you are entitled to. You can contact us on 020 8545 3632.

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

You do not have to complete the form, but if you don't you will have to pay the full cost for any services you receive from the date they started. A list of charges for non-residential services can be found in the Non-Residential Handbook. If you elect to pay the full cost of your care please complete sections 1 and 2 of this form and then return it to us.

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 so that we can complete a reassessment. You will also have a reassessment every April in line with the new financial year.

Section 1: About you

Title (Mr, Mrs, Miss, Ms)	Surname
First name	Date of birth
Phone number	National Insurance number Letters Numbers Letter

Are you (please tick):
married? ☐ living as a couple? ☐ single? ☐ divorced? ☐ separated? ☐ widowed? ☐

Are you hearing impaired?	☐ Yes	☐ No
Are you registered blind?	☐ Yes	☐ No
Does someone else deal with your financial affairs?	☐ Yes	☐ No

If yes, please give their details:

Registration date

Do they have legal authority to act on your behalf, such as power of attorney, Court of Protection, appointeeship? ☐ Yes ☐ No

If you would like them to sign this form on your behalf or receive all correspondence relating to your financial assessment, you should return this form to us with a copy of their power of attorney or appointeeship document.

Section 2: Paying the full cost of your care

If you would like to pay the full cost of your services, or you have over the savings threshold (see appendices), or you do not wish to divulge your financial information, please sign this declaration. You will not need to fill out any further sections of this form. If you are signing on behalf of the customer, please provide proof of appointeeship or power of attorney.

Signed	Date

If you would like a financial assessment to see if we can help towards the cost of your services, please go straight to section 3.

Section 3: Your community care services

Please tell us what services you are receiving/are expecting to receive.
If you don't know what services you will be getting, please leave this section blank.

☐ Non-residential services, such as home care, day care or direct payments

☐ Residential, nursing or respite

Section 4: Where you live

Please tell us where you live. If you are in residential care, we need to know about the property you lived in previously.

Are/were you living in (tick relevant box):

- ☐ **a council property?** If you will be giving up this tenancy please tell us the tenancy end date:
- ☐ **private rented?** If you will be giving up this tenancy please tell us the tenancy end date:
- ☐ **property you own?**
- ☐ **other?** Please give details:

How long have you lived at your present address? Years: Months:
If less than two years, please give details of previous address:

If you are going into residential/nursing care and own a property, are you interested in taking up the deferred payments scheme? More info about deferred payments can be found in the 'Residential Care Financial Assessments and Payment Handbook'. ☐ Yes ☐ No

Have you owned and sold, gifted, transferred ownership or made a deed of trust any property within the last seven years? If yes, please give us the address and details: ☐ Yes ☐ No

Note: 'Property' means any building, accommodation or land. For most people this is their home or former home but can also include, for example, houses lived in by someone else, holiday homes or commercial property.

If you own a property, please tell us the current valuation?

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

Do you own or partly own any other type of assets in the UK or abroad? (For example, property, land or a caravan.) If yes, provide address: ☐ Yes ☐ No

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

Are any of the above people sick? ☐ Yes ☐ No Name:

Are any of the above people your carer? ☐ Yes ☐ No Name:

How many hours per week do they care for you?

Section 5: Income and earnings

Please detail all money you have coming in and how often you receive it. You must provide proof of income (if you have one), including any benefits from the Department of Work and Pensions. Photocopies are acceptable.

	Amount £	Weekly (W) Fortnightly (F) Four-weekly (4) Monthly (M)
Attendance Allowance	£	
Carer's Allowance (standard rate)	£	
Carer's Allowance (variable rate)	£	
Child Tax Credit	£	
Disability Living Allowance/PIP (care component)	£	
Disability Living Allowance/PIP (mobility component)	£	
Employment Support Allowance	£	
Incapacity Benefit	£	
Income Support	£	
Industrial Injuries Disablement Benefit	£	
Jobseeker's Allowance	£	
Occupational pension/private pension 1	£	
Work pension/private pension 2	£	
Pension Guarantee Credit	£	
Pension Savings Credit	£	
Retirement Pension	£	
Rental income	£	
Salary/wages	£	
Severe Disablement Allowance	£	
Universal Credit	£	
Widow's Pension or Bereavement Allowance	£	
War Widow's Special Payments (pre 1973)	£	
War Widow's Supplementary Pension	£	
Any other war pension	£	
Working Tax Credit	£	
Notes:		

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 £	How often? ☐ Weekly ☐ Monthly
Address of property	

Section 6: Savings, investments and capital

Include all bank, Post Office and building society accounts and any other capital. Please provide relevant documents as evidence. Please continue on a separate sheet if necessary.

Please give details of the following	Account number	Branch name	Balance	Date of balance
Bank, current accounts 1. 2. 3.			£ £ £	
Bank, deposit accounts 1. 2. 3.			£ £ £	
Trustee Savings Bank			£	
Post Office			£	
Giro account			£	
Building societies 1. 2. 3.			£ £ £	
National Savings Certificates Premium Bonds			£	
Share holdings (name of company and number of shares) 1. 2. 3.			£ £ £	
Income from annuities and life assurance policies or trusts (please give details): 1. 2. 3.			£ £ £	
Any other capital? Include un-invested savings (please give details): 			£ £ £	
Capital from personal injury payment			£	

Do you have savings, capital or investments in a country outside the UK?	☐ Yes	☐ No
Do you have any business interests or investments you have not told us about on this form?	☐ Yes	☐ No

Please give details of any compensation received within the last seven years (provide all relevant documents as evidence):

Name	Compensation amount £	Payment date

Section 7: Home and expenditure

Please provide copies of your bank statements, bills and payment books. We will accept photocopies.

	Amount £	Weekly (W) Fortnightly (F) Four-weekly (4) Monthly (M)
Rent (what do you pay towards your rent after Housing Benefit?)		
Service charges not included in rent		
Mortgage repayments		
Endowment insurance connected to a mortgage		
Council tax (what do you pay towards your council tax after Council Tax Benefit?)		
Buildings and contents insurance		
Water rates		
Maintenance/child support payments		
Other (please give details)		

Gifts

Have you made gifts worth more than £500 to relatives, friends etc. in the last seven years?	☐ Yes ☐ No
If yes, please give details such as who the gift was to, when it was given, how much it was for and why:	

If you have a disability related expense, please fill in section 8. Otherwise, please go to section 9.

Section 8: Disability related expenses

Customers must be in receipt of Attendance Allowance, Disability Living Allowance or Personal Independence Payment before using this section. If the total cost of what you pay out due to your disability is more than £10 per week, you will need to detail below and send proof of the expenses listed. If these costs are under £10 you do not need to provide further detail.

Do you have expenses that are related to your illness or disability? ☐ Yes ☐ No

Disability related expense	Proof required (if more than £10)	Cost and how often you pay (weekly/monthly/yearly/one off)
Do you think you pay higher than average for the cost of your heating? ☐ Yes ☐ No	Last two electricity and gas bills	Cost £ ..... Frequency .....
Do you have a community alarm system? (i.e. Mascot/telecare services) ☐ Yes ☐ No	Bank statement/ letter from Mascot	Cost £ ..... Frequency .....
Do you have medical problems that need a special diet? ☐ Yes ☐ No	Purchase receipts covering an eight week period	Cost £ ..... Frequency .....
Do you pay anyone to maintain your garden due to your illness or disability? ☐ Yes ☐ No	Receipts covering a four week period	Cost £ ..... Frequency .....
Have you paid for any of the following items: Wheelchair? Powered reclining chair/bed? Stair lift? Hoist? ☐ Yes ☐ No	Invoice or purchase receipt	Cost £ ..... Frequency .....
Do you receive any care that we do not provide (e.g. private cleaner or privately arranged carer)? ☐ Yes ☐ No	Receipts covering a four week period	Cost £ ..... Frequency .....
Do you have specialist holidays due to your disability? ☐ Yes ☐ No	Invoice or purchase receipt	Cost £ ..... Frequency .....
Do you pay for prescriptions? ☐ Yes ☐ No	Receipts covering a six month period	Cost £ ..... Frequency .....
Do you receive any extra services that are on your care plan, which you pay for, such as physiotherapy or chiropody? ☐ Yes ☐ No	Invoice or receipts covering an eight week period	Cost £ ..... Frequency .....
Do you have exceptional mobility needs that are not covered by the mobility part of the Disability Living Allowance? ☐ Yes ☐ No	Purchase receipts covering a four week period if the service is ongoing	Cost £ ..... Frequency .....
Do you feel that you have any other costs that are caused by your illness or disability, or that help you to live independently? ☐ Yes ☐ No	Purchase receipts covering a four week period if the service is ongoing	Cost £ ..... Frequency .....

Section 9: Additional information

Section 10: Declaration

To help process your application as quickly as possible, send this completed form and copies of documents within the next 14 days, or we may charge you for the full cost of your care. Please let us know if you cannot do this.

Please read and sign the declaration.

- I can confirm that the information I have given on this form is true and complete.
- 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 give permission for the Department for Work and Pensions and London Borough of Merton to exchange any information it has about me.
- I agree to send you details of any benefits I receive so you can process my assessment.

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.
- For further information you can phone 020 8274 4901 and ask to speak to the Information Governance Team, visit merton.gov.uk/how-we-use-your-information or alternatively you can email data.protection@merton.gov.uk and ask for more details.

Surname:	First names:
Address:	
National Insurance number of the client:	☐☐ ☐☐☐☐☐☐ ☐ (Letters / Numbers / Letter)
Your signature:	Date:

If you are not the client and are signing on their behalf, please send proof of appointeeship or power of attorney with this form. The application may be delayed if you do not send us this proof.

For office use only

Name of the council officer who has seen the documents:	Name of the person who checked the documents:

Type of document seen	Details (reference, name, address)	Seen by (initial)	Date	Checked by (initial)	Date
Attendance Allowance					
Carer's Allowance					
Child Tax Credit					
DLA/PIP care component					
DLA/PIP mobility component					
Income Support					
Industrial Injuries Disablement					
Jobseeker's Allowance					
Land Registry or other property documents					
Occupational pension					
Outgoings (i.e. housing costs)					
Private pension/work pension					
Pension Guarantee Credit					
Pension Savings Credit					
Retirement pension					
Salary/pay slips					
Rental income					
Savings					
Severe Disablement Allowance					
Universal Credit					
Widow's Pension/Bereavement Allowance					
Working Tax Credit					
POA/appointeeship proof					
Other documents					