



Declaration

Please read and sign the declaration.

- I 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 properly 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.

Surname

First names

Address

.....

National Insurance number of the client

Your signature Date.....

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

To help us process your application as quickly as possible, please send us all the information and copies of documents (if you have not uploaded them) 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.

www.merton.gov.uk