

Wiltshire Council Adult Social Care The Care Act 2014

Part 1 Non-residential services - Financial declaration

Please complete the following details

Client

Surname _____ Forename(s) _____

Title (Mr/Ms/Mrs/Miss etc) _____ Date of birth _____

Address _____

_____ Post code _____

Daytime number _____ National insurance number _____

Do you have a partner who is living with you? Yes No

We use partner to mean a person you are married to or a person you live with as if you are married to them.

If yes please complete both sections in part 2 for you and your partner.

If your partner chooses not to disclose their financial circumstances, no allowance for housing costs will be considered within the financial assessment.

Your partner

Surname _____ Forename(s) _____

Title (Mr/Mrs/Ms/Miss etc) _____ Date of birth _____

National insurance number _____

Official use: FAB officer _____ CF No. _____

Bonds

Name and type of bond	Date of purchase and issue number	Amount of holding		Official use
		Your account	Your partner	
		£	£	
		£	£	
		£	£	

National savings certificates

Name	Date of purchase and issue number	Amount of holding		Official use
		Your account	Your partner	
		£	£	
		£	£	

Stocks, shares and other investments

Name and type of investment	Number of shares held, date of purchase and current market value	Amount of holding		Official use
		Your account	Your partner	
		£	£	
		£	£	

Expenditure

Mortgage payment: £	Weekly amounts	Official use
Total amount of outstanding loan: £		
Mortgage payment £		
*Actual rent paid £		
*This should be the figure that you pay less any housing benefit you may be entitled to		
**Actual council tax paid £		
**This should be the figure that you pay less any Council tax reduction you be entitled to		
Ground rent £		
Service charge £		
House building insurance premium £		

1. Do you own the property you live in? Yes No

2. If yes, please confirm if you are the sole owner. Yes No

If you are not the sole owner, please provide details of any other person(s) who own or have an interest in this property.

4. Do you own any land or have an interest or share in any land? Yes No
If so, please give details and provide current valuation.

Value £

Address

3. Do you own a second property? By a second Property we mean any other property besides the one you currently live in. Yes No

Value of property: £

Address

5. Do you have an interest in, or own any other capital asset e.g. a business? Yes No

6. Have you gifted any property or land? Yes No

If yes, please state

What was the gift made: £

When was the gift made:

Extra Disability related expenses

Disability related expenditure. This is expenditure that you incur because of your illness and disability. You will be required to provide verification in the form of receipts, in order to have this expenditure considered within your financial assessment.

(a) Payment for any community alarm system.	£	ix) Costs of basic garden maintenance if necessitated by disability.	£	
(b) Costs of any privately arranged care services required, including respite care.	£	x) Costs of cleaning or domestic help if necessitated by disability.	£	
(c) Costs of any specialist items needed to meet the person's disability needs:	£	xi) Purchase, maintenance and repair of disability related equipment including equipment or transport needed to enter or remain in work. This may include IT costs, where necessitated by the disability, reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council.	£	
• Powered bed				• Turning bed
• Hoist				• Reclining chair powered
• Stair lift				• Wheelchair manual
• Wheelchair powered				
i) Day or night care which is not being arranged by the local authority.	£	xii) Personal assistance costs including any household cost or other necessary costs.	£	
ii) Specialist washing powders or laundry.	£	xiii) Internet access. For example for blind and partially sighted people.	£	
iii) Additional costs of special dietary needs due to illness or disability.	£	xiv) Other transport costs necessitated by illness or disability. Please note if you are in receipt of lower or higher rate of the mobility allowance, or the standard or enhanced rate of the mobility element of the personal independence payment, the cost incurred will need to be in excess of these amounts in order to be considered.	£	
iv) Special clothing or footwear. For example where these need to be special made or there is additional wear and tear.	£			
v) Additional costs of bedding.	£			
vi) Any heating costs above the average levels for the area and housing type.	£			
vii) Any metered water costs, above the average levels for the area and housing type.	£			
viii) Occasioned by age, medical condition or disability.	£	xv) Medication when prescribed by a doctor or consultant and not covered by a certificate of exemption.	£	

Details of other people who live with you

Name	Date of birth	Payment towards household expenses
		£
		£

Do you have the legal authority to act on behalf of the person receiving care at home support? Yes No

Name: _____ Address: _____
 Post code: _____

If yes, please state in what capacity? (Please tick)

Lasting Power of Attorney	<input type="checkbox"/>	Enduring Power of Attorney	<input type="checkbox"/>	Deputy	<input type="checkbox"/>	Appointee	<input type="checkbox"/>
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Please state date of appointment and provide appropriate verification of authority to act. Date: _____

The Department for Work and Pensions

I have been informed that I must contact the Department for work and Pensions and advise them of any changes in my circumstances which may affect the entitlement to any welfare benefits that I am currently receiving or have made an application to receive.

Data protection statement

Wiltshire Council has a duty to protect personal information and will process this information in accordance with the Data Protection Act 1998. This information will be stored on computer. In order to provide you with services, this information may be shared with the Department for Work and Pensions and health agencies.

If you **do not** want the council to share this information, please mark the box.

The council takes part in the Audit Commission's National Fraud Initiative. Your information may be shared to combat fraud. This is not optional.

I declare that the information I have supplied on this form is true and complete and that I will notify the adult social care operations of any future changes as they occur. I understand that Wiltshire Council may take appropriate action if false information is knowingly supplied. I authorise Wiltshire Council to make any enquiries necessary to check the given information.

Signed _____

Date _____