



LONDON BOROUGH OF TOWER HAMLETS

APPLICATION FOR FINANCIAL ASSISTANCE WITH RESIDENTIAL / NURSING HOME FEES

Before financial assistance with the cost of a Residential or Nursing home can be considered, it is necessary within the requirements of Care Act 2014 (**Charging and Assessment of Resources Regulations 2014**), to determine the charge required for the service provided.

It is therefore essential that this form be completed in full with:

- All relevant documentary evidence provided
- The declaration is signed by the Client or their Representative
- All sections of the form **must** be completed. Please indicate if not applicable
- Failure to complete the form in full may lead to a full cost charge

Note: If a client is subject to Section 117, this form should only be completed if this Authority has been asked to manage the client's finances.

Updated by: Claudia Johnson
Date: October 2015

Part 1

Personal Details

Title: Mr Mrs Miss Ms Other

Surname:

Other Names –
In full:

Marital Status: Single Married Living with Partner

Divorced Separated Widowed

Date of Birth: Day Month Year

National Insurance Number:

Client Originating Address:

Telephone Number:	Post Code:
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Next of Kin:

Name:

Relationship:

Address:

Telephone Number:	Post Code:
E-Mail Address:	

Part 2

Tenancy Status

Are you, the client, a Tenant? Yes No

If you have answered - Yes, please provide a copy of your rent statement,

Does anyone else share the Tenancy? Yes No

If no one else lives with you and you are a tenant, who will arrange for the termination of your tenancy?

PART 3

Property Status

Do you own your own property? Yes No

Are you the Sole Owner of the property? Yes No

Are you the Owner-Occupier? Yes No

Is your Mortgage Outstanding? Yes No

If your mortgage is outstanding please
Provide the monthly mortgage payment

£

Proof of Ownership:
Enclosed (i.e. Title Deeds) Yes No

Note: If you have answered YES to any of the above questions your primary property will be disregarded for the first 12 WEEKS, during which time you will be required to pay an assessed contribution from your income towards your placement. It will also be necessary for you to provide proof of ownership i.e. copy of title deeds or copy of mortgage statement. Also if applicable details of mortgage lender if mortgage remains outstanding.

Part 3 (cont'd)

Property Status

If any person remains living in the property, please provide details in the box provided below

Name	Relationship	Age	Disability Benefit?

Note: We need to know the ages of any other person who lives in the property and whether they are disabled or in receipt of the following disability benefits: Incapacity Benefit, Severe Disablement Allowance, Disability Living Allowance, Personal Independent Payment, or Attendance Allowance, because this may affect the client's entitlement to financial assistance:

Is the property Shared Ownership? Yes No

Please provide details as follows:

Name(s):

Address:
(If different)

Relationship:

Proof of Ownership:
Enclosed (i.e. Title Deeds) Yes No

Note: Shared ownership will not always involve another individual, but could be joint with a Housing Association etc.

Part 4

Financial Management

Who will manage your finances and pay your weekly client contribution?

You Yes No

Next of Kin Yes No

Advocate Yes No

Is the applicant able to make His/Her own decision Yes No

Can you confirm whether any of the following applications have been made?

Appointeeship from the Department For Works and Pension Yes No

Enduring Power of Attorney Yes No

Lasting Power of Attorney Yes No

Deputyship under Court of Protection Yes No

Proof of application enclosed Yes No

If you have answered Yes to any of the above questions please provide your contact details below.

Name:

Address:

Telephone Number:

Post Code:

<input type="text"/>	<input type="text"/>
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Relationship:

Note: If you have been granted power by the court to manage the clients finances, you will be required to provide a copy of the POA, LPA or COP document.

Part 5

Service User's Income

	Weekly Amount
1. Retirement Pension	£
2. Pension Credit	£
3. Income Support	£
4. Attendance Allowance	£
5. Disability Living Allowance/Personal Independent Payment - Mobility	£
6. Disability Living Allowance/Personal Independent Payment - Care	£
7. Incapacity Benefit	£
8. Severe Disablement Allowance	£
9. Job Seekers Allowance	£
10. Employment Support Allowance	£
11. War Widow's Pension	£
12. Widow's Pension	£
13. Industrial Injuries	£
14. Any other Benefit please state:	£

Copy of Bank, Building Society
Or Post Office Statement enclosed

Yes

No

Note: If your benefit is being paid directly into a Bank, Building Society or Post Office Account you will need to provide an up to date Statement.

Part 6

Service User's Additional Income

Do you receive a Private or Occupational Pension?
From a former employer

Yes

No

Do you receive a Private or Occupational Pension?
From your late spouse former employer

Yes

No

Copy of Payslip/s enclosed

Yes

No

Copy of bank statement showing payment

Yes

No

Part 6 Cont'd

Service User's Additional Income

Name of Past Employer:

1. Company Name:

Address:

Telephone Number:

Post
Code:

<input type="text"/>	<input type="text"/>
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Pension Reference No:

Amount

£

State monthly or
weekly

2. Company Name:

Address:

Telephone Number:

Post
Code:

<input type="text"/>	<input type="text"/>
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Pension Reference No:

Amount

£

State monthly or
weekly

Note: If your are in receipt of an Occupational Pension or Private Pension and you have a spouse or partner who remains living in the community, 50% of your pension will be disregarded and will be awarded to your spouse or partner.

Part 7

Details of Savings & Investments

Do you have any savings or investments? Yes No

Copy of up to date Statements enclosed Yes No

Bank Account 1 £

Bank Account 2 £

Building Society Account £

Post Office Account £

Premium Bonds £

Shares approximate Value £

Unit Trusts, ISAs, PEPs £

Any other savings or investments £

If you have answered YES, please indicate balance held above and provide copy of an up to date statement.

Part 8

Details of Regular Outgoing

Payment	Amount	Period – Weekly/Monthly/Yearly
Mortgage	£	
Ground Rent	£	
Service Charge	£	
Building Insurance	£	
Funeral Plan	£	
Life Insurance	£	
Other	£	

Part 9

Hospital Admission

Have you spent any time in hospital -
as an inpatient in the last 12 months?

Yes No

When were you in hospital?

From:

To:

Name of Hospital:

Note: If you are in receipt of the Care Component of Attendance Allowance, Disability Living Allowance or Personal Independent Payment, you will only be eligible to receive 4 weeks payment from the date of your admission to hospital.

Part 10

Declaration and Undertaking

I declare, having read this declaration / or having had the document read to me, that the information contained in this declaration is true to the best of my knowledge and belief.

I agree to the London Borough of Tower Hamlets verifying any of the particulars set out in this document.

I undertake to pay the London Borough of Tower Hamlets or other designated agency any sums in respect of services provided on the understanding that I have been notified in writing.

I undertake to notify the London Borough of Tower Hamlets of any changes in my financial circumstances and I note from time to time that I will be asked to complete further financial declarations.

I understand that any person, whether fraudulently or otherwise, who misrepresents or fails to disclose any material fact within the financial information form, may have proceedings brought against them by the London Borough of Tower Hamlets to recover any sum not paid to the London Borough of Tower Hamlets as a result of the misrepresentation or failure to disclose.

In addition I understand that it is a criminal offence to make any statement or representation, which a person knows to be false for the purpose of obtaining any benefit (either for himself or another or for any third party) or for avoiding or reducing any liability to the London Borough of Tower Hamlets.

I understand that failure to disclose all information will result in me being charged the full cost for the placement.

GENERAL AUTHORISATION

By signing this document it authorises the Council to make inquiries with your bank, building society, post office, Department for Works and Pension or any other organisation connected with this application

Where this Authority is satisfied that the applicant has disposed of any resources, whether before or after completing this form in order to reduce the charge, the applicant will become responsible for the charge of the service. The authority will calculate the charge as if the applicant still owns the resource.

Signed:	Date / /
Witness	Date / /
Address of Witness	

Part 11

Note:

If for any reason the applicant cannot give their own signature or mark, one of the following may sign.

Please indicate the capacity of the signatory by ticking the appropriate box.

- Receiver appointed by the Court of Protection.
- The person holding a Power of Attorney for the applicant
- Spouse/Partner
- Another relative acting on behalf of the applicant (Appointee or agent for Department for Works and Pension)
- Other authorised Personal Representative of the Applicant
- Local Authority Officer- If applicant has none of the above to sign on their behalf.

Part 12

For Office Use Only
To be completed by the SW or ARO

**FRAMEWORK I
NUMBER:**

Name of Client:

Service Required:

Elders

Learning Disabilities

Physical Disabilities

Mental Health

Other (please state)

Provision Provided:

Residential

Nursing

EMI – Residential

EMI – Nursing

**Social Worker/
Assessment Reviewing Officer**

Area/Location

Telephone Number:

Part 13

For Office Use Only
To be completed by the SW or ARO

Details of Residential/Nursing

Name of Home:

Name of Parent Home:
(If different to above)

Name of Proprietor:

Address:

Telephone Number:

**Post
Code:**

<input type="text"/>	<input type="text"/>
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Proposed Date of Admission:

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Actual Date of Admission:

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Gross Cost
Per Week £**

**Third Party
Top Up
Weekly Cost £**

Third Party Agreement

Yes

No

Note: If a third party top-up payment has been arranged, please provide this office with a copy of the agreement.

