

Financial Information Form

Jan 2021

The information you provide here is confidential and helps us work out the amount we will contribute towards the cost of services you need. If you do not wish to provide this information go to the last page to declare you are willing to pay for the full charge of any services. If you give incorrect information, which results in us charging you too little, we may recover that amount.

You will need to send in evidence of the information you provide - we will return all original documents.

If you need help completing this contact your social worker or call 0131 271 3900.

Please return to Health and Social Care, Midlothian Council, Fairfield House, 8 Lothian Road, EH22 2AA

PLEASE COMPLETE IN BLACK INK & SIGN THE LAST PAGE OF THE FORM

ABOUT YOU

Full Name

Preferred Name

Date of Birth

Home Address

Current address
(if different from above)

Telephone

**National Insurance
Number**

IS SOMEONE HELPING YOU FILL OUT THIS FORM?

If someone else is helping you fill out this form you need to provide their details below.
If you want us to send information and invoices to them instead of you tick the box below.

Full Name

Relationship to you

Are they acting as a legal guardian or power of attorney? (Please provide evidence of this)

Guardian

Power of Attorney

Address

Telephone

Do you want us to send correspondence to this person instead of you?

Yes

No

OTHER PEOPLE WHO STAY IN THE HOUSE WITH YOU - This helps us to know how much of your income or capital should be included with the financial assessment

Full Name

Relationship to you

Date of birth

Full Name

Relationship to you

Date of birth

Full Name

Relationship to you

Date of birth

WEEKLY INCOME

PENSION (please provide evidence e.g. pension statements)

Office Use only

Retirement Pension	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Pension Credit – Guarantee Credit	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Pension Credit – Savings Credit	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>

Does your spouse wish to claim half of your Occupational Pension? Yes No

Occupational/Private Pension/Superannuation 1	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Provider name. Is it paid weekly, 4 weekly, monthly, annually?					
Occupational/Private Pension/Superannuation 2	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Provider name. Is it paid weekly, 4 weekly, monthly, annually?					
Occupational/Private Pension/Superannuation 3	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Provider name. Is it paid weekly, 4 weekly, monthly, annually?					
Occupational/Private Pension/Superannuation 4	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Provider name. Is it paid weekly, 4 weekly, monthly, annually?					

BENEFITS (Please provide evidence e.g. the latest Department for work and pensions award letter)

Income Support/Job Seekers Allowance	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Universal Credit	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Employment Support Allowance	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Severe Disability Allowance/Incapacity Benefit	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Attendance Allowance	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Industrial Injuries/Death Benefit	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Bereavement Allowance/Widows Parent Allowance	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Prisoner of War Compensation Payment	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Compensation Payments	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Working Tax Credit/Child Tax Credit	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Carer's Allowance – if someone cares for you	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Carer's Allowance – if you care for someone	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Disability Living Allowance/ Personal Independence Payment (Care)	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Disability Living Allowance/ Personal Independence Payment (Mobility)	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>
Any other income or benefit?	You	<input type="text" value="£"/>	Partner	<input type="text" value="£"/>	<input type="text"/>

EMPLOYMENT (please provide evidence e.g. pay slips)

Salary Wages – Net Pay

You £ Partner £

Employer's name and address

PROPERTY

Income from property letting

You £ Partner £

SAVINGS Please provide the 3 most recent bank statements or share certificates

BANK, BUILDING SOCIETY, POST OFFICE, STOCKS & SHARES and ISAs.

Account 1

Name of Bank/Building Society/Post Office

Account Number

Name of Account Holder

Amount in Account

 £

Account 2

Name of Bank/Building Society/Post Office

Account Number

Name of Account Holder

Amount in Account

 £

Account 3

Name of Bank/Building Society/Post Office

Account Number

Name of Account Holder

Amount in Account

 £

Account 4

Name of Bank/Building Society/Post Office

Account Number

Name of Account Holder

Amount in Account

 £

INVESTMENTS

Name of company

Number of shares

Value of shares

 £

Name of company

Number of shares

Value of shares

 £

Name of company

Number of shares

Value of shares

 £

ANY OTHER SAVINGS/CAPITAL – please give details of any other accounts. Please advise of any payments that have been paid into another bank account not in your name.

PROPERTY – the house you live in

Do you own the house you live in? Yes No

If **no** what is the name of your Landlord?

If **yes** what is the approximate market value of your house? £

Please give details of other owners

MORTGAGE & DEBTS SECURED ON THE PROPERTY

Is there an outstanding mortgage on your house? Yes No

What are the monthly payments? £ How long is left on the mortgage?

Who is responsible for paying the mortgage?

Are there any other debts secured on the property? Yes No

Please give details

OTHER PROPERTY

Do you own any other property? Yes No

Please give address and market value

Have you ever owned any property? Yes No

Please give address, dates of ownership, reason for disposal and how much you sold the properties for.

GIFT OF DEED or TRANSFER - If you have previously owned the house you are living in but have sold it or given it to someone else we need to know who this person is, how much you sold it for and when.

Has the property/properties been subject of a deed of Gift or Transfer Yes No

Please give details of the reason for the transfer and provide a copy of the documentation and the name of the solicitor who carried out the work.

WEEKLY OUTGOINGS – the amount YOU pay after any benefit you receive is deducted.

		Office Use Only
Rent	<input type="text" value="£"/>	<input type="text"/>
Mortgage payments– interest payments only	<input type="text" value="£"/>	<input type="text"/>
Lodgings	<input type="text" value="£"/>	<input type="text"/>
Council Tax (including water and sewerage)	<input type="text" value="£"/>	<input type="text"/>
Separation or maintenance payments	<input type="text" value="£"/>	<input type="text"/>
Buildings insurance (property owners only)	<input type="text" value="£"/>	<input type="text"/>

ADDITIONAL INFORMATION

DECLARATION

I understand that if I am offered a service I shall be required to either meet the full cost of this or part of the cost based on Midlothian Council's assessment of my ability to pay as calculated using the information I have given here. This information is a true and full statement of my financial position and I will report any changes to Midlothian Council and other relevant organisations.

If I am assessed as eligible for personal care there will be no charge for this element of any community based service. If I am offered a place in a care home Midlothian Council will make a contribution to my personal care. I understand that if I give away or otherwise dispose of any capital asset then Midlothian Council can assess me as though I was still the owner.

If you would like to know how Midlothian Council collects, uses and shares your personal information visit www.midlothian.gov.uk/privacy to access our online privacy notice.

OPTION A

I declare the information I have given is true and correct. I authorise the Department for Work and Pensions to release any relevant information concerning my financial circumstances to Midlothian Council to verify the information I have given. I authorise Midlothian Council to obtain any information it deems necessary from my bank/building society, financial advisor, lawyer or other financial agent to verify this information. Midlothian Council may use the information I provide in connection with the exercise of any of their statutory functions.

SIGNATURE:
Date:

PRINT NAME:

OPTION B

I am willing to pay the full charge for the services without being financially assessed.

SIGNATURE:
Date:

PRINT NAME:

RELEVANT LEGISLATION

The National Assistance Act 1948

The Social Work Scotland Act 1968

The National Health Service and Community Care Act 1990

The Health and Social Services and Social Security Adjudications Act 1983

The Community Care and Health (Scotland) Act 2002

The National Assistance (Assessment of Resources) Regulations 1992

Residential and Nursing Care

Where the Department of Health & Social Care has assessed you as needing residential or nursing care the legislation requires the local authority to set a standard charge for this care. If you are unable to meet the full cost of the charge the legislation requires the local authority to carry out a financial assessment to determine the amount which you are able to pay towards the service. This calculation is based on the financial information you provide. If the information is subsequently found to be wrong the local authority has the right to reassess you and make a retrospective charge. If you give away or otherwise dispose of any capital or asset the local authority has the right to assess you as though you still owned the capital or asset and charge you accordingly.

Most state benefits, occupational pensions, superannuation, payments from third parties – gifts, annuities, trusts, life rent income, maintenance payments etc – are taken fully into account when calculating your charge. Tariff income is based on the current value of capital and property.

Certain allowances are made where admission is temporary and the resident expects to return home.

The resident will be required to sign a contract agreeing to pay the charge.

If you are offered a place in a Care Home the Local Authority will make a contribution to your personal care.

Community Based Services

The legislation allows the local authority to charge for various community-based services. Some of these charges will be set at a standard rate, for example provision of meals and Telecare services. Most non-residential care services are financially assessed. This means that we will use the financial information you provide to calculate the contribution, if any you can make towards the service. You will not be charged for any personal care services you receive.

If you are 65 or over being discharged from hospital we will not charge for any new or additional services from the day of hospital discharge for 6 weeks. You will only be eligible for this if you are 65 on the day of discharge, you are assessed as needing the care and you have been an inpatient for more than one day i.e. 24hours. This free service does not apply in cases where admission to hospital is on a regular basis or a frequent basis as part of a regular treatment or ongoing care arrangements.

Please let us know of any hospital stays and the date you return home so that we do not charge you for this time.

Our Charging Policy for Residential & Non Residential Care provides more detail of what we charge for and what you should do if you are not satisfied with the calculation or outcome of your financial assessment. For information go to www.midlothian.gov.uk/payingforcare or call 0131 271 3900.