



supporting**people**  
in Suffolk

# Charges for support in your home

## FINANCIAL DECLARATION FORM

This form should be completed if you are receiving housing-related support and think you might be entitled to some help towards paying for your support. Examples of housing-related support could be having the assistance of a warden in a sheltered scheme, or having a support worker who helps you to cope with managing your home.

If you would like help filling in this form you can ask the Supporting People Team for assistance. You can also ask a friend or relative if you prefer. The Declaration on Page 7 should be signed by yourself if it is at all possible.

Please do not fill in this form if you are living in a nursing home as housing-related support cannot be provided in nursing homes.

There is a charge for services provided in your home. The information you give us on this form will let us work out how much, if anything, you need to pay towards this charge.

We only need to know about your circumstances, not those of your partner if you have one. This means that if you have joint savings or income you only need to tell us about the part that is yours.

If both you and your partner are getting a service you should each fill in a form.

If you prefer not to disclose details of your financial circumstances you will be required to pay the full charge for the services you receive. Please fill in Part 1 of the form and sign Declaration B on page 7.

Guidance is available which answers many of the questions asked about housing-related support charges and is available from the Supporting People Team, who will also be able to give you information about how your charge will be calculated. Telephone number for enquiries or assistance is 01473 581517.

We will review your contribution each year.

If you are the legally appointed representative of the person getting housing-support please make sure that we have your details in Part 1 of this form. By legally appointed representative we mean someone who has Power of Attorney or is a Receiver or Appointee.

If you are also getting a home care service, for example you may need assistance getting up in the morning, or need some meals to be provided, the information you put on this form may also be used by Social Care Services to work out any contributions towards their charges.

## Part I **About You**

Please complete the following:

Your surname or family name

Mr / Mrs / Miss / Ms

All your other names in full

Date of birth

Address

Post code

Telephone number

Code

Number

Textphone number

*(For people with speech or hearing difficulties)*

Code

Number

National Insurance number

Please tell us if there is anyone else living with you, for example your wife or husband

Name of person

Relationship

Age (if under 18)

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If you are the legally appointed agent for the person getting home care, please tell us about yourself here.

Your name

Mr / Mrs / Miss / Ms

Address

Post code

Telephone number

Code

Number

Relationship to person getting home care

## Part 2 About benefits

Please tell us about any social security benefits you are getting. This information will be found in your pension/benefits book, or on your statement from the Benefits Agency.

**You should include in here any benefits that someone else is claiming on your behalf, but remember we only need to know about your own income. Please remember to put in weekly amounts. If you need more space please use the box on page 6 of this form.**

	Weekly amounts	For office use only
Attendance Allowance	£	
Disability Living Allowance – care	£	
Disability Living Allowance – mobility	£	
State Retirement Pension	£	
Incapacity Benefit/Severe Disablement Allowance	£	
Income Support	£	
Pension Guarantee Credit	£	
Pension Savings Credit	£	
War Pension	£	
Other benefits (please specify)	£	

## Part 3 About other money coming in

Please tell us about any other income or money you have coming in, for example an occupational pension.

Do you have any other money coming in?  No  Yes Please tell us about it below

Who pays this money?	How much is paid?	How often?	

**If you get any amount of Income Support or Pension Guarantee Credit you do not need to fill in Parts 4 or 5 of this form. Please go straight to Part 7 on page 7.**

## Part 4 About savings and investments

Your capital may affect the amount you have to pay towards services. We need to know about capital in this country and abroad. It should not include the value of the property you live in.

Do you have any savings or investments which add up to more than £6,000  No  Yes Please let us have details

**Please tell us about savings or investments that you have either in your name or jointly held with another person. If the money is held jointly with another person for example your wife or husband, please only include half of the total amount. If you need more space please use the box on page 6 of this form.**

	For office use only	
Money in bank, building society or post office accounts	<input type="text" value="£"/>	<input type="text"/>
Premium Bonds	<input type="text" value="£"/>	<input type="text"/>
Unit trust, ISAs, PEPs, TESSAs or other investments	<input type="text" value="£"/>	<input type="text"/>
Income bonds or capital bonds	<input type="text" value="£"/>	<input type="text"/>
Money or property held in trust	<input type="text" value="£"/>	<input type="text"/>
Shares (approximate value)	<input type="text" value="£"/>	<input type="text"/>
Any other savings or investments	<input type="text" value="£"/>	<input type="text"/>

Apart from your home do you own any other property or land in this country or abroad? If it is on a mortgage or loan, still tick yes.  No  Yes

Have you received:

A Far Eastern Prisoner of War Compensation Payment?  No

Yes

A payment from the vCJD Trust?  No

Yes

**We need to know this to make sure we do not count it as part of your savings.**

If yes to either of the above, how much?

Is it included in the above savings and investment amounts?  No

Yes

## Part 5 About where you live

For office use only

Please let us know how much your **Council Tax** is a year

£

Do you get any Council Tax Benefit to help with this?

No

Yes Please tell us about it below

Please tell us how much you pay a year towards your Council Tax

£

**This information will be on your Council Tax bill.**

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Do you pay **rent** for the property you live in?

No

Yes Please tell us about it below

Please tell us who your landlord is

Please tell us how much your total rent payment is including all charges, and how often you pay it?

£

Do you get any Housing Benefit to help with this?

No

Yes Please tell us about it below

Please tell us how much benefit you get towards your rent and how often

£

Please tell us how much of your rent is the support charge

£

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Do you have a **mortgage** for the property you live in?

No

Yes Please tell us about it below

Please tell us how much your mortgage payments are and how often you make them

£

Do you get any help included in your Income Support or Pension Guarantee Credit to help you with mortgage payments?

No

Yes Please tell us about it below

Please tell us how much help you get and how often

£

## Part 6 **Any extra information**

Please record additional information here if you have not had space on any other part of the form.

Part 7 **Your declaration** – important. Please read.

**Declaration A** (must be signed by the service user or their legally appointed agent).

**To the best of my knowledge this is a correct statement of my circumstances. I understand that I may be required to contribute towards the cost of the services I receive and agree to pay the charge. I understand that in certain financial circumstances it may be possible for the charge to be waived or reduced.**

Please sign here

Date

If you have signed the form for someone else are you the service users legally appointed agent?

No

Yes

Make sure you have given us your details in Part 1 of this form.

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**Declaration B**

**If you are awarded help with your support charge this will usually be paid to your landlord. We therefore need your consent to contact your landlord to advise them of your award.**

Please sign here

Date

If you have signed the form for someone else are you the service users legally appointed agent?

No

Yes

Make sure you have given us your details in Part 1 of this form.

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**Declaration C – Only sign this if you are refusing a financial assessment**

(where the service user wishes not to complete the assessment form and agrees to pay the full cost of the service. Must be signed by the service user or their legally appointed agent)

**I have been offered a financial assessment in respect of the services I will receive, but do not wish to be assessed. I understand that I will be required to pay the full cost for the service I receive and agree to pay the amounts due on receipt of your invoice.**

Please sign here

Date

For office use

SUPPORTING PEOPLE TEAM	
Recorded by SP	Date
Assessed by: Customer Charge:	Date
Letter to Customer (attach copy)	Date

Compass number

Named contact

Cost of support weekly

Direct Payments required?

 NO 

Date of latest Benefits check