OFFICIAL USE ONLY	Forename:		Surname:	
	Ref Number:		D.O.B.:	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Financial Assessment Form (A11)

To assess how much you should pay for care services

Most care services provided by Bradford Council Adult Social Care are subject to a financial assessment and are chargeable. Based on the information provided in this form, we will calculate if you have to make a financial contribution towards this charge and advise you accordingly.

Why have I received this form?

You are either currently, or are going to be, receiving a social care service from Bradford Council. There are charges associated with the majority of social care services. The amount you will be charged depends upon the outcome of your financial assessment. You will be expected to pay for any services received from the start of the service. The information you provide us with, in this form, will be used to assess how much you will need to pay.

Please complete this form and send it back to us within 14 days of receiving it

When sending the form back, please ensure that you have supplied the relevant supporting documents, such as bank statements and proof of income and outgoings. Photocopies are acceptable. Details of the documents required can be found on page 9 of this form.

What if I don't want to complete this form and I don't return it to you?

If you decide not to complete the form or not provide the required documents needed to carry out your financial assessment, the council will charge you the full cost for any chargeable services that you receive. The charge will be from the start date of your service. If you choose to pay the full cost of your care, please complete page 2 and return it to us at the address below.

What if my circumstances change?

If, any of your financial circumstances change, such as the amount of money you have coming in, a change in your capital or a change in the number of people living in your household, you must contact us immediately. We can then reassess the contribution you make towards your care costs and ensure that you are being charged the correct amount.

What should I do if I need help completing the form?

If you need help with completing the form please contact us without delay.

How can I contact the Financial Assessment Team?

You can get help with the questions in this form by contacting the Financial Assessment Team by calling **01274 434961,** emailing: **specialistfinancialteam@bradford.gov.uk** or writing to:
Specialist Financial Team, 5th Floor
Britannia House, Hall Ings, Bradford BD1 1HX

How will you use the personal data that I share with you?

Please view our privacy notice, which can be found online on:
https://www.bradford.gov.uk/privacy-notice/

The wording in this publication can be made available in other formats such as large print. Please call 01274 432111

Please retain page 1 of this form for your records

OFFICIAL USE ONLY	Forename:		Surname:	
	Ref Number:		D.O.B.:	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Section 1A Who is going to complete this form?

☐ **I, the service user** ☐ **Power of Attorney/Deputy** ☐ **Other**

If other, please provide the following details about the person completing this form:

Title | Forename | Surname

Relationship to you

Telephone | Email

Section 1B Management of your financial affairs

If you don't manage your own financial affairs, please provide details below of the person to receive correspondence from us and act on your behalf. The person signing will also need to read and sign the declaration on page 9 of this form. Where an email address has been provided you will be sent invoices via email. To opt out of E-Invoicing please tick here ☐

Title | Forename | Surname

Address

Postcode:

Telephone | Email

Please tick if they hold:

Power of Attorney ☐ | Receivership (Court of Protection) ☐ | Appointee (for DWP benefits) ☐ | Agent (for DWP benefits) ☐

Section 1C Declaration of non-disclosure of your finances

If you do not wish to declare your finances or if you have capital above the upper limit, you can opt to pay the actual cost of the service you are receiving. Details of the current capital limits can be found in our **Paying For Care** booklet or on the Bradford Council Website. You, or your authorised representative, must read the following statement then sign and date it:

I am aware that I will have to pay towards the cost of services I receive/that are provided and/or bought on my behalf. However, I do not wish to provide my financial details. I accept full responsibility for the cost of the service/services and agree to pay the maximum charge notified to me.

I further agree to immediately notify Bradford Council of any change in my personal and/or financial circumstances and that as a result, the amount I financially contribute towards my care may change.

Name in print | Signed *(or print name)*

Date DD MM YYYY

If you or your representative has signed the declaration above, you do not need to complete the rest of this form. Please return it to the address on page 1.

If you would like to receive a financial assessment to ensure that you are paying the correct amount towards your care, please complete the rest of the form and return.

OFFICIAL USE ONLY	Forename:		Surname:	
	Ref Number:		D.O.B.:	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Section 2 About you

The information collected on this form will be held by Bradford Council. It will be used to assess your ability to pay for services provided by Bradford Council. It will also be used to provide advice about your benefit entitlement.

Title | Forename | Surname

National Insurance Number | Date of birth DD MM YYYY

Address

Postcode:

Address Status:

Owned ☐ Rented ☐ Live with Family ☐ Care Home ☐

Telephone | Email

Do you have a partner? **Yes** ☐ **No** ☐ If Yes please provide details below:

Partner's full name | Relationship to you

Date of birth DD/YY/MMMM | Occupation

Other people in the household:

Name	Relationship to you	Date of Birth	Occupation	Any disabilities

If someone else deals with your financial affairs please ensure that their details on page 2 are correct as we will send all correspondence to this person.

OFFICIAL USE ONLY	Forename:		Surname:	
	Ref Number:		D.O.B.:	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Section 3 Properties Occupied and Property Ownership

Tick where applicable

Please provide details of properties that you have owned and/or occupied in the last 5 years, including property or land in the UK or abroad, starting with your most recent address. (Please provide any relevant documentation relating to property owned, we may ask for additional information where necessary).

Address of Property	Occupied From – To	Owned	Rented	Sole Owner	Jointly Owned	Estimated Value (if owned)
		Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	
		Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	
		Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	
		Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	
		Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	
		Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	Tick here if applicable ☐	

If you do not own the property where you live or used to live before, have you previously owned this property?

Yes ☐ **No** ☐

Please provide details (include any relevant documentation i.e Land Registry Transfer documents or Trust documents)

Additional Information:

Section 4 Your household expenditure (Proof will be required of all costs and expenses)

Mortgage:

Monthly Payment £

Every:

Outstanding amount

Mortgage Provider/ Term of Mortgage/ Mortgage end date

Council Tax:

Annual bill £

Amount paid £

Every:

Rent:

Gross rent £

Every:

Housing Benefit/ Housing Allowance UC

£

Every:

Service charge (Please provide copies of details of all service charges)

£

Every:

Paid to:

Ground rent (Please provide breakdown)

£

Every:

Paid to:

Other essential household expenses:

Buildings insurance (only) (You must provide evidence)

£ Every:

Paid to:

Section 5 Savings and capital

We need to know about your savings and capital (current accounts, savings, investments, ISA's, Bonds etc).

If you have savings and capital, we must confirm the balance of these accounts. Please enclose recent copies of all the accounts you hold. If you have a joint account with someone else, please tell us the total balance of that account. Use another piece of paper if necessary. If you do not have savings or capital, write NONE in each column.

Bank accounts, including current/savings accounts, building society accounts, Post Office accounts and ISA's.

Name of bank/building society	Account type	Account balance (£)	Account holder	Joint account?
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

Income bonds, savings bonds, premium bonds, stocks and shares

Company and type of holding	Number of shares	Account balance (£)	Account holder	Joint account?
				Yes ☐ No ☐
				Yes ☐ No ☐

National savings certificates

Reference number	Issue number	Units	Purchase date	Account holder	Joint account?
					Yes ☐ No ☐
					Yes ☐ No ☐

Any other savings or capital (including any unaccessed Private Pension Pot)

Company and type of investment	Account type/ref	Account Balance (£)	Account holder	Joint account?
				Yes ☐ No ☐
				Yes ☐ No ☐

Trust funds and annuities

Are you entitled to receive any income or capital from a trust fund or annuity plan?

Yes ☐ **No** ☐ (If 'yes' how much do you receive?)

How often do you receive this money?

You must send us a copy of the trust fund or annuity document

Section 6 Income

We need to know about your income. If you do not get an income listed, write NONE in each column. You must tell us about all income. Please tell us the weekly amount. If you do not know the weekly amount, tell us the amount you receive and how often you receive it.

Type of weekly benefit or income		Weekly amount (£)	OFFICIAL USE ONLY
State Retirement Pension			
Pension Credit has two parts	Guarantee Credit		
	Savings Credit		
Attendance Allowance			
Disability Living Allowance (Care component)			
Disability Living Allowance (Mobility component)			
Personal Independence Payments (Daily living)			
Personal Independence Payments (Mobility Component)			
Employment and Support Allowance (ESA)			
Universal Credit (please provide a copy of your award notification			
Carer's Allowance			
Income Support			
Severe Disablement Allowance			
Industrial Injuries Disablement Benefit			
War Widows/Widowers Pension			
Earnings from employment			
Any other income or benefits (eg Child Benefit, Tax Credits)			
TOTAL			

Other income – Pensions

Please tell us about all other pensions including superannuation, private, company, non-state pensions and any pension paid to you from a deceased partner. These may include West Yorkshire Pension Fund, NHS or Teacher's Pension (non-exhaustive list).

Name of Pension Company	Monthly or weekly	Yours (£)	Partner's (£)	If increases annually, please tick here
				☐
				☐
				☐
				☐
				☐
				☐

OFFICIAL USE ONLY	Forename:		Surname:	
	Ref Number:		D.O.B.:	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Section 7 Disability Related Expenditure

Do not complete this section if you are entering, or are already in Permanent or Temporary Residential care.

If you continue to live in your home or are receiving respite care services, and are in receipt of a Disability Benefit, please complete this section to tell us about any extra disability related expenditure you have.

We may take into account some extra costs you may have due to your disability. Different people have different needs and we will assess you as an individual.

What type of property do you live in?
(eg. flat, terraced, semi-detached or detached – house or bungalow)

Please provide the following information about your disability related expenditure:

Disability Related Expenditure (DRE)*	Amount you spend	Weekly, Monthly or Annual cost	Evidence included (receipts/invoices)	OFFICIAL USE ONLY
Extra fuel / energy costs				
Community Alarm System/Falls Pendant Service				
Privately arranged care				
Private domestic help (Cleaner)				
Extra laundry (If unsure of cost please state how many loads per week)				
Incontinence Products (not provided by NHS)				
Extra bedding				
Special or frequently replaced clothing				
Gardening				
Wheelchair costs (If purchased/hired)				
Stair lift costs				
Powered/Turning bed				
Powered reclining chair				
Hoist				
Medical aids & equipment (If purchased/hired)				
Chiropody				

Other Costs (Please state below)

*nonexhaustive list				

OFFICIAL USE ONLY	Forename:		Surname:	
	Ref Number:		D.O.B.:	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Section 8 Declaration

I understand that the City of Bradford Metropolitan District Council (CBMDC) charge for care and support services, and as such, the information provided for this funding application will be used to:

1. Determine eligibility for care and support funding from CBMDC
2. Determine what contribution (if any) has to be made towards care and support costs

I further understand that CBMDC is under a duty to protect the public funds it administers, and to this end may use the information provided on this form for the prevention and detection of fraud. CBMDC may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I understand that CBMDC may make enquiries or referrals it deems necessary relating to the financial information provided on this form. This can include, but not limited to, exchanging information with the Department of Works and Pensions in relation to welfare benefits and allowances, and CBMDC Housing Benefit and Council Tax Departments.

I understand that I must not transfer or give away any financial resource or deprive myself of savings, investments and capital assets in any other way in order to reduce my ability to contribute to care and support costs. Where CBMDC determines that resources have been transferred, then the beneficiaries of such a transfer may be liable to contribute towards care costs. If determined that I have reduced my financial resources in order to reduce my contribution, then my funding application and contribution will be calculated on the basis that I still possess those resources.

I understand that my contribution towards care and support will apply from the commencement of any chargeable service. I also understand that I have a responsibility to inform CBMDC immediately of any change in my financial circumstance and/or capital assets that could increase or decrease my contribution. If I fail to notify the council of any increase in my income, then CBMDC reserves the right to backdate a higher contribution to the date of any increase. Similarly, if my income decreases my contribution will be reduced from the date of the decrease.

I accept that if assessed as liable to pay I must make regular and prompt payments to CBMDC of my care provider for the service I receive. I understand that should my payments fall into arrears, CBMDC will take action against me, or any person appointed to deal with any finances, to recover any outstanding sums.

I certify that the information given on this form is, to the best of my knowledge, a full and true statement of income, expenses and capital assets as at the date below. I understand that by signing this declaration, I consent to additional and annual funding applications and contribution reviews being undertaken verbally, electronically, by post or face to face, without the need for additional authorisation.

Appointed financial representative's signature *(or print name)*	Service user's signature *(or print name)*	DD	MM	YYYY

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Financial Assessment Completed over the phone Yes ☐ No ☐

Name of Assessing Officer	DD	MM	YYYY

Section 9 What happens now?

Return this form to us with all supporting documents for the information you have provided on the form.
Remember to send all of the documents we have asked for including:

- ☐ All savings and capital *(Minimum 3 Months Statements)*
- ☐ Trust funds or annuities
- ☐ POA/EPOA/Receiver/Deputy
- ☐ Council Tax bill
- ☐ Proof of rent or mortgage
- ☐ Proof of Disability Related Expenditure

When we receive this form we will work out how much you will have to pay. We will write and explain how much you have to pay and how we have worked it out.

Who do you want us to write to about the charge? The service user ☐ Representative ☐

Where an email address has been provided invoices will be sent via email. To OPT OUT of E-Invoicing please tick here ☐

Thank you for completing this form. We will write to the person you have asked us to, shortly. In the meantime, if you have any queries, please contact the Financial Assessment Team (please retain a copy of our contact details on page 1 for your information).