



**Education and Social Care: Community Care**  
**APPLICATION FOR FINANCIAL ASSISTANCE TOWARDS COSTS**  
**FOR \*NON RESIDENTIAL AND \*\*RESIDENTIAL CARE – Datexxxx**

\*Statutory Basis: Community Care and Health (Scotland) Act 2002 - (Refer to Updated Guidance)  
 COSLA Charging Guidance

\*\*Statutory Basis: National Assistance Act 1948 / Community Care and Health (Scotland) Act 2002

Regulations: The National Assistance (Assessment of Resources) Regulations 1992 & The National Assistance (Sums for Personal Requirements) (Scotland) Regulations 1992 – (Refer to Updated Guidance)

**Service Required ✓as appropriate**

Non Residential Care & Support

Housing Support - Sheltered Housing

Permanent Care-

Fully Funded

Or

FPC – £77  £169  £246

DATE RECEIVED AT CCF OFFICE:

**SERVICE USER PERSONAL DETAILS**

Lead Care First No:

Spouse/Partner Care First No: (If applicable)

Title:

Forename:

Surname:

Title (Spouse/Partner):

Forename (Spouse/Partner):

Surname (Spouse/Partner):

Address:

Postcode:

Telephone:

Assessment Date:

Date of Birth:

National Insurance No:

Date of Birth (Spouse/Partner):

National Insurance No. (Spouse/Partner):

**REPRESENTATIVE OF SERVICE USER – IMPORTANT - THE PERSON NOTED BELOW WILL BE CONTACTED IN REGARD TO THE INFORMATION PROVIDED IN THIS FORM, FOR FURTHER FINANCIAL INFORMATION AS REQUIRED AND MAY RECEIVE INVOICES FOR CARE SERVICES.**

Name:

Relationship to Service User:

Address:

Postcode:

Telephone No:

Type of Authority (e.g DWP Appointee, Power of Attorney/Guardian) –

**Office Use: COPY DOCUMENTS REQUIRED and Confirm all relevant bodies have been notified)**

**Financial Assessment Completed By (BLOCK CAPITALS):-**

Name:

Designation:

Team Responsible for Service User:

Community Care Officer/Case Worker:

Address:

Tel No:

**CARE HOME DETAILS - TO BE COMPLETED FOR PERMANENT CARE****Care Home/Establishment:****Address (incl. postcode):****Telephone No:****Admission Date:****Is this an admission to care home from hospital:- YES/NO****If Yes - Date of Admission to Hospital:****PERMANENT CARE****I DO NOT WISH TO DISCLOSE MY INCOME OR ASSETS****OR  
CAPITAL HELD IS OVER THE CURRENT UPPER LIMIT (£26000) AND I WISH TO APPLY FOR  
FREE PERSONAL CARE (FPC) PAYMENT ONLY**

I agree to make arrangements with the Care Provider for payment of the Care Home Fees, which have been mutually agreed between me and the Care Provider.

The Moray Council will pay the FPC element direct to the Care Home - £169 per week for Personal Care and/or £77 for Nursing Care.

I understand it is my responsibility to request a financial re-assessment to be carried out if I wish to apply for additional council funding or if my financial circumstances change following signature of this form.

I understand that any additional funding (over the FPC amount) will be considered from the date full financial details are provided.

I understand the care fees will be applicable from the commencement of the service.

Service User or Representatives' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Community Care Officer/Case Workers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR FULL FINANCIAL ASSESSMENT PLEASE GO TO PAGE 4**

**NON RESIDENTIAL CARE & SUPPORT  
AND OR  
HOUSING SUPPORT IN SHELTERED HOUSING**

**I/WE DO NOT WISH TO DISCLOSE MY/OUR/THE SERVICE USER'S INCOME OR ASSETS  
(All Age Groups)  
OR  
CAPITAL HELD (Under Pension Credit Age only) IS OVER THE LIMIT**

I the undersigned agree to pay the full cost of care and support provided or to ensure payment is made on behalf of the person receiving the care and support

I understand that payment will be applicable from the date of commencement of the care and support.

I understand that failure to make the required payments may result in legal action being taken against me, in which case I will become liable for interest, together with the Council's reasonable legal expenses in the matter.

If I wish to complete a full financial assessment it is my responsibility to contact the Council to request this and any decrease in my contribution will be effective from the date full financial details are received.

Service User or Representatives' Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Community Care Officer/Case Workers Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**FOR FULL FINANCIAL ASSESSMENT PLEASE GO TO PAGE 4**

## ACCOUNTS, SAVINGS AND INVESTMENTS

**PLEASE COMPLETE THE FOLLOWING WITH DETAILS OF BANK/BUILDING SOCIETY/POST OFFICE ACCOUNTS, STOCKS & SHARES, UNIT TRUSTS, CASH SAVINGS, TRUST FUNDS & ANY OTHER INVESTMENTS (if required please continue on another sheet)**

Name of Bank/Building Society or other Financial Body	Account No./ No. of Shares	Joint A/c? <i>Please detail if account is jointly held</i>	Current Balance	Previous 6 months Balance	Verified by Council Official
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
<b>Total</b>			£	£	

**Capital Tariff - Non Residential Care Services**

Under Pension Credit Age -Disregard £6000 – Capital held between £6000.01 - £16000 take £1 per £250 (Single Person and Couple – DWP Rules apply))

Over Pension Credit Age- Disregard £10000 – Capital held over £10000.01 take £1 per £500

**Capital Tariff - Perm Care**

Disregard £15500 – Apply Capital Tariff on capital held between £16000 - £26000 (£1.00 for each £250)

Please Note: DWP & Local Authority capital disregard is different – CRAG AND DWP regulations apply.

**NB – Check DWP regulations re Increase in Pension Credit age**

## PROPERTY – MUST BE COMPLETED FOR ALL SERVICES

### PART 1

Do you own the property in which you reside?	YES/NO	Do you live with family or Friends? Please provide details:	YES/NO
Do you rent your Property?	YES/NO		
Is your landlord a relative?	YES/NO		

Name and Address of Landlord/Housing Association/Family/Friends:

### PART 2

## PROPERTY OR LAND – MUST BE COMPLETED FOR ALL SERVICES

Do you Currently Own any Property/& OR Land?	Current Value	Outstanding Mortgage:
YES/NO	£	£

Provide address of property/land you currently own:

Name of Joint Owner:

Who currently resides in the Property? (please supply details of relationship, age and disability):

Have you ever owned or have you transferred ownership of your Property/Land.?

YES/NO

If YES, please provide property details:

Purchaser/Beneficiary:

Date of Sale/Transfer:

Price Received for sale or Transfer (if any) £

Reason for Sale or Transfer:

### FINANCIAL INFORMATION – WEEKLY INCOME

Weekly information required	NON RESIDENTIAL CARE SERVICES	NON RESIDENTIAL CARE AND SUPPORT	PERMANENT CARE 1 <sup>s</sup> 4 WEEKS (CRAG)	PERMANENT CARE week 5 + (CRAG)
	INCOME OF SERVICE USER	INCOME OF PARTNER	INCOME OF SERVICE USER	INCOME OF SERVICE USER
Wages				
Income Support				
Employment and Support Allowance				
Universal Credit				
Retirement Pension				
Pension Credit (Guaranteed Credit)				
Savings Credit				
Occupational Pension				
Other Private Pension				
Widows Pension				
War Widows				
War Disability Pension				
Incapacity Benefit				
Attendance Allowance £54.45 or £81.30				
DLA Mobility/PIP £21.55 or £56.75				
DLA Care/PIP £21.55 or £54.45 or £81.30				
Carers Allowance				
Independent Living Fund				
Rental Income				
Capital Tariff				

Other Income (Please give details)				
<b>TOTAL</b>	£	£	£	£

**IF FULL BENEFIT ENTITLEMENT IS NOT CURRENTLY BEING CLAIMED –**

**ARE FULL BENEFITS TO BE CLAIMED: YES/NO If Yes – By Whom: (Print Name)**

**Date Claimed Made:**

**IF NO – ARE FULL BENEFITS TO BE CLAIMED YES/NO If Yes – By Whom: (Print Name)**

**\*IF YES Provide details of Benefits being claimed:**

### WEEKLY DISREGARDS

<b>IMPORTANT</b> *Evidence is required of payments being made.	NON RESIDENTIAL CARE AND SUPPORT	NON RESIDENTIAL CARE AND SUPPORT	PERMANENT CARE 1 <sup>s</sup> 4 WEEKS (CRAG)	PERMANENT CARE week 5 + (CRAG)
	INCOME OF SERVICE USER	INCOME OF PARTNER	INCOME OF SERVICE USER	INCOME OF SERVICE USER
*Mortgage/Rent/Housing Benefit				
*Warden Service/Call Service - Leave blank when carrying out financial assessment for Warden Service/Call Service				
*Council Tax				
*Property Insurance				
*Mortgage Insurance				
<b>BELOW : FOR OFFICE USE ONLY</b>				
16.5% Buffer (appendix, pg 11)				
DWP Personal Allowance See Annex 1				
DWP Premium See Annex 1				
AA/DLA £26.85 (No night care by dept)				
DLA Mobility £21.55 Or £56.75				
Independent Living Fund/Contribution				
War Pension /Armed Forces Compensation Scheme £10.00				
War Widows (Pre 1973) £89.34				
Savings Credit (maximum)				
Single £5.95				
Couple £8.95				
Personal Allowance £24.55			£24.55	£24.55
Earnings Disregard £20.00				
% Occupational Pension				

<b>Other Disregards Approved by Appeals Group</b>				
<b>TOTAL</b>	£	£	£	£
<b>Added for Couple Adjustment</b>	£			
<b>Subtracted for Couple Adjustment</b>	£			
<b>ADJUSTED INCOME TOTAL</b>	£			

1) Where the member of the couple receiving care has personal income and capital below the level of benefit entitlement to that of a single person, they will be assessed as if they were in receipt of single person benefits

2) If the person receiving care has personal income and capital above the level of benefit entitlement to that of a single person, their actual income will be taken into account

HOWEVER

3) If the calculation at 2) leaves the member of the couple not requiring care with personal income below the level of benefit they would be entitled to receive as a single person, an adjustment will be made to account for the shortfall

### For Office Use

<b>Housing Support – Sheltered Housing</b>	Date From: To:	Date From: To:	Date From: To:	Date From: To:
Adjusted Income Total				
Minus Disregards				
Minus 30% Taper				
Weekly Charge				

<b>Non Residential Care and Support</b>	Date From: To:	Date From: To:	Date From: To:	Date From: To:
Adjusted Income Total				
Minus Disregards				
Minus 30% Taper				
Assessed Weekly Contribution towards Personal Budget				

<b>Permanent Care CRAG Rules Applied</b>	Date From: To:	Date From: To:	Date From: To:	Date From: To:
Income Total				
Minus Disregards				
Assessed Weekly Contribution				

**Any Additional Information:**

**This section must be signed if Income, etc has been declared**

**I declare the information contained in this assessment represents a true statement of my financial affairs.**

**I agree to The Moray Council verifying any of the information contained in this form. Mandate on Page 9 to be signed**

**I undertake to notify The Moray Council of any changes in my financial circumstances immediately they occur or as soon as I am aware of any such change. I am aware that I will be asked for an update in my financial situation and any change in my capital/income that results in me being liable to pay an increased weekly contribution for the care and support being provided, will be backdated to the date the change in income/capital took effect.**

**I agree to pay the service user contribution for care provided or to ensure that payment of the service user contribution is made on behalf of the service user. This may be either direct to the Care Provider or The Moray Council for services provided.**

**[/we understand that the charges will be applicable from the commencement of the service.](#)**

**I understand that failure to make payment of contributions may result in Legal action being taken against me in which case I may become liable for interest due on any sums outstanding and for the Council's reasonable Legal Expenses.**

**I have been advised of the appeals procedure and am aware that I am responsible for paying the assessed contribution pending my appeal being examined.**



**Service User/Representative**

Signature:

Print Name:

Date:

**Mandate on Page 9 to be signed**

**(Spouse) Service User/Representative**

Signature:

Print Name:

Date:

**Mandate on Page 9 to be signed**

Community Care Officer/Case Worker

Signature:

Print Name:

Date:

**IMPORTANT NOTICE – PLEASE NOTE**

**Any person who makes a statement or representation which they know to be false for the purposes of avoiding or reducing their or anyone else’s Care Costs, is guilty of a criminal offence. Any person, whether fraudulently or otherwise, who misrepresents or fails to disclose any material fact in consequence of which The Moray Council incur additional expenditure, may have court proceedings brought against them by The Moray Council to recover the amount of that additional expenditure.**

**Signing this document does not remove your right to remain in your own home.**

**MANDATE FOR AUTHORISATION TO OBTAIN FINANCIAL INFORMATION**



**For Official Use Only**

Name:

**For Official Use Only**

Current Address:

Date Issued

Date Received

Care First No.

Previous Address, if recently moved:

**To enable The Moray Council to assess my liability to pay for charges for services under Social Work Legislation, I authorise The Moray Council to obtain confirmation of my Financial Affairs including, but not restricted to details of my Bank Account Balances, Regular Payments into my account/s, ownership and value of assets, and my State Benefits.**

I authorise you to disclose to The Moray Council such information as they may seek from you for this purpose.

Signature:

Date:

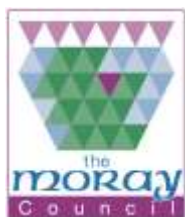
Authority of person signing, if not customer:

To be completed by Bank/Building Society/Financial Establishment/Department of Works and Pensions etc and return copy to The Moray Council at the address below.

Income – Regular Payments (Please State Source)	Amount	Official Stamp OR Completed By:
	£	
	£	
	£	
Capital – Account Numbers	Current Balance	Previous 6 months balance
	£	
	£	

**PLEASE RETURN TO:**

**The Moray Council, Community Care Finance, 9 North Guildry Street, Elgin, IV30 1JR  
Telephone No: 01343 557270/557274**



## Community Care

### REVIEW OF BENEFITS AND/OR CARE

#### SERVICE USER/S DETAILS

<b>Lead Care First No:</b>	<b>Caseworker:</b>	
<b>Title:</b>	<b>Forename:</b>	<b>Surname:</b>
<b>Address:</b>		
		<b>Postcode:</b>
<b>Telephone:</b>	<b>Assessment Date:</b>	
<b>Date of Birth:</b>	<b>National Insurance No:</b>	

#### DETAILS OF REVIEW REQUIRED

<b>Referred to DWP/ Welfare Benefits for benefit assessment</b>	YES/NO	Date Referred:
<b>Confirm which benefits you are applying for e.g Attendance Allowance, DLA Care or Mobility, Housing Benefit etc. give details</b>		
<b>Confirmation of Benefits, as per above</b>		Date received:
<b>Financial Review to be completed following claim for benefits?</b>	YES/NO	Date of Review:
<b>Review of Care Package Required?</b>	YES/NO	Date Referred to CCO:
<b>Further Services Required?</b> Specify Service and Refer to CCO.	YES/NO	Date Referred to CCO:
<b>Does not wish to claim Benefits?</b> If not, will be assessed as receiving	YES/NO	

relevant benefits.

**Annex 1**

	DWP Weekly Personal Allowance	+	DWP Weekly Disability Premium	+	ESA	=	Minimum Weekly Income	+	<b>16.5% Buffer</b>	=	<b>Minimum Retained Income Amount Before 30% Taper</b>
Single Person Aged 16-24 (Income Support)	£57.35	+	£31.85	+	Nil	=	£89.20	+	<b>£14.72</b>	=	<b>£103.92</b>
Single Person Aged 16-24 <b>Week 1 - 13</b> ESA	£57.35	+	NIL	+	NIL	=	£57.35	+	<b>£9.46</b>	=	<b>£66.81</b>
Single Person Aged 16-24 <b>Week 14</b> ESA (WRAG)	£72.40	+	NIL	+	£28.75	=	£101.15	+	<b>£16.69</b>	=	<b>£117.84</b>
Single Person Aged 16-24 <b>Week 14</b> ESA (SG)	£72.40	+	NIL	+	£35.75	=	£108.15	+	<b>£17.84</b>	=	<b>£125.99</b>
Single person Aged 25+ Income Support	£72.40	+	£31.85	+	NIL	=	£104.25	+	<b>£17.20</b>	=	<b>£121.45</b>
Single Person Aged 25+ <b>Week 1 - 13</b> ESA	£72.40	+	NIL	+	NIL	=	£72.40	+	<b>£11.95</b>	=	<b>£84.35</b>
Single Person Aged 25+ <b>Week</b> <b>14</b> ESA (WRAG)	£72.40	+	NIL	+	£28.75	=	£101.15	+	<b>£16.69</b>	=	<b>£117.84</b>
Single Person Aged 25+ <b>Week 14</b> ESA (SG)	£72.40	+	NIL	+	£35.75	=	£108.15	+	<b>£17.84</b>	=	<b>£125.99</b>
Couple Both 18+ Income Support	£113.70	+	£45.40	+	NIL	=	£159.10	+	<b>£26.25</b>	=	<b>£185.35</b>
Couple Both 18+ <b>Week 1 - 13</b> ESA	£113.70	+	NIL	+	NIL	=	£113.70	+	<b>£18.76</b>	=	<b>£132.46</b>
Couple Both 18+ <b>Week 14</b> ESA (WRAG)	£113.70	+	NIL	+	£28.75	=	£142.45	+	<b>£23.50</b>	=	<b>£165.95</b>
Couple Both 18+ <b>Week 14</b> ESA (SG)	£113.70	+	NIL	+	£35.75	=	£149.45	+	<b>£24.66</b>	=	<b>£174.11</b>
Single Person Age 60 (or qualifying age) Pension Credit/ESA	£148.35 Standard Income Guarantee	+	NIL	+	NIL	=	£148.35	+	<b>£24.48</b>	=	<b>£172.83</b>
Couple Aged 60	£226.50	+	NIL	+	NIL	=	£226.50	+	<b>£37.37</b>	+	<b>£263.87</b>

(or qualifying age) Pension Credit/ESA	Standard Income Guarantee									
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**CUSTOMER COPY**  
To be left with Service User/Representative

**PLEASE NOTE**

Following completion and calculation of the Financial Assessment, we will contact you with confirmation of the contribution due from you for your care and support

**NON RESIDENTIAL CARE AND SUPPORT & PERSONAL BUDGETS –** You will be notified of any contribution to be made towards your care and support and the date that payment is due from.

**PERMANENT CARE HOME ADMISSION -** If you have been assessed for Permanent Care Home admission, you will be notified of the service user contribution towards the Care Home Fees or of the award of the Free Personal and/or Nursing Care payment. You will be provided with information regarding making payment of the service user contribution.

Contained in our confirmation letter we will provide a calculation sheet showing the figures you have provided in the financial assessment.

**When you receive confirmation from The Moray Council, please make arrangements for payment of the Service.**

**CONTACT NAMES AND NUMBERS FOR ANY QUERIES YOU MAY HAVE FOLLOWING COMPLETION OF THE FINANCIAL ASSESSMENT AND/OR VISIT FROM YOUR SOCIAL WORKER/ CCO**

**NAMES AND CONTACTS**

<b>Care Organiser:</b>	<b>Telephone Contact No:</b>
<b>Care Officer:</b>	<b>Telephone Contact No:</b>
<b>Housing Support Officer:</b>	<b>Telephone Contact No.</b>
<b>Community Support Officer:</b>	<b>Telephone Contact No:</b>

**Emergency Out of Hours Service**

**Telephone**  
**Contact No: 08457 56 56 56**

**Community Care Finance:**

**Telephone**  
**Contact No:**