

Home care charging: Will I have to pay?

Please read the notes about filling in the form.

REF:

Q1 YOUR DETAILS

Surname

First name

Title (please tick one)

Mr

Mrs

Ms

Miss

Other (please state)

Single

Married

Widowed

Date of birth (day/month/year)

National Insurance number

Address

Postcode

Email

Telephone number

Q2 CORRESPONDENCE/BILLING ADDRESS (If different from Q1 above)

Surname

First name

Title (please tick one)

Mr

Mrs

Ms

Miss

Other (please state)

Address

Postcode

Relationship to you

Email

Telephone number

Q3 CHOOSING TO PAY THE FULL COST

You have the right not to tell us about your finances, and instead to pay the full rate for your home care service for all the hours you receive in each week.

Please indicate if you want to tell us about your finances:

Yes (Please go to Q4)

No (Please go to Q8)

Q4 YOUR INCOME FROM BENEFITS

We do not include income from employment, savings or other benefits not listed below. Your charge does not take into account the value of your home or other assets.

Please do not include:

- any benefits your partner gets
- any benefits/income you receive for any dependents (eg children)

Type of benefit	How much	How often is this paid? Weekly/fortnightly/four weekly/ monthly/other (please specify)
State retirement pension	<input type="text"/>	<input type="text"/>
Income support	<input type="text"/>	<input type="text"/>
Pension credit		
Guaranteed credit	<input type="text"/>	<input type="text"/>
Savings credit *	<input type="text"/>	<input type="text"/>
Attendance allowance	<input type="text"/>	<input type="text"/>
Disability living allowance (care component)	<input type="text"/>	<input type="text"/>
Incapacity benefit	<input type="text"/>	<input type="text"/>
Severe disablement allowance	<input type="text"/>	<input type="text"/>
Job seekers' allowance	<input type="text"/>	<input type="text"/>
Industrial injuries disablement benefit	<input type="text"/>	<input type="text"/>
Disability working allowance	<input type="text"/>	<input type="text"/>
Other benefit	<input type="text"/>	<input type="text"/>

* Savings Credit will be disregarded

Q5 YOUR INCOME FROM OCCUPATIONAL/WORKS PENSIONS

	How much	How often is this paid? Weekly/four weekly/monthly/ other (please specify)
Occupational/works pension 1	<input type="text"/>	<input type="text"/>
Occupational/works pension 2	<input type="text"/>	<input type="text"/>

Q6 YOUR SPENDING

We will take into account your living expenses when we work out how much you will be charged.

	How much	How often is this paid? Weekly/fortnightly/four weekly/ monthly/other (please specify)
Rent	<input type="text"/>	<input type="text"/>
Mortgage repayments	<input type="text"/>	<input type="text"/>
Council tax	<input type="text"/>	<input type="text"/>
Housing support charges	<input type="text"/>	<input type="text"/>
Service charges	<input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	<input type="text"/>
Ground rent	<input type="text"/>	<input type="text"/>
Home insurance	<input type="text"/>	<input type="text"/>

Q7 DISABILITY-RELATED EXPENDITURE

Do you receive a disability benefit? i.e. Attendance Allowance or Disability Living Allowance

Yes (please choose one option below)

No (please go to Q8)

If you receive a disability benefit, the extra spending you incur through your disability has already been assessed and we will use this in calculating your home care charge.

Or, you can choose to be assessed based on the actual amount you spend from your disability income each week.

Please tick one box

Please assess my disability-related spending automatically

Please re-assess my spending separately. (We will send you a form to fill out on this)

Q8 IF SOMEONE IS HELPING ME FILL IN THIS FORM

Has someone filled in this form for you?

Yes (please ask them to fill in their details below)

No (please go on to the declaration)

Surname

First name

Address

Postcode

Relationship to you

Telephone number

Email

Mobile number

Service user's relationship to you (e.g. partner, friend, advice worker, appointee, deputy)

I have read each question to the service user and written down the answers.

Signature of person who filled out the form for you

Date

DECLARATION, UNDERTAKING & CONSENT

The information on this form is true to the best of my knowledge. I understand that if any of the information I have given is found to be incorrect I may be reassessed and any back payments may be claimed.

I understand that, if I am not entitled to free home care, I am liable to pay the charge that I am assessed for and that, if I do not pay, the council may take action to recover the charge.

I will let the home care charging team know if my financial circumstances change, (other than the annual benefits/pensions increase).

I understand that I will be financially reassessed each year.

I agree to the council and the Department of Work and Pensions confirming and sharing the information I have given them.

I understand the council must protect the public funds it handles and so may use the information I have given on this form to prevent and detect fraud.

Signed

Date

WHAT HAPPENS NEXT

Please return your completed and signed form in the prepaid envelope provided. We will write to confirm the actual charge we will ask you to pay, how this is calculated and how to make payments. We will send you regular statements showing the amounts due and payments you have made.

HELP AND INFORMATION

Please read our booklet **Home care charges guide** for help filling in this form. Or telephone the home care charging team on **0800 840 4502**. Or write to The Home Care Charging Team, 3rd Floor, 77 Glenthorne Road, Hammersmith London W6 0LJ. Or you can email homecarecharging@lbhf.gov.uk



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