

# Adult Social Care Financial Assessment Form (CA1)


OFFICE USE


REF

Non-residential

Residential or nursing (permanent)

Residential or nursing (temporary)

 If you would like help to complete this form, please contact the Care Charging Team by phone on **020 8356 4738** (Monday to Friday, 9am to 5pm) or by email at [carecharges@hackney.gov.uk](mailto:carecharges@hackney.gov.uk)

 If you would prefer to complete this form on a computer you can download a PDF version from <https://hackney.gov.uk/adult-social-care-finances>

## Section A: Personal details

### About you (the person receiving care)

Surname			First name(s)		
Title (Mr, Mrs, etc)			Date of birth		
National Insurance Number					
Address					
Phone number			Email address (If you have one)		
Do you live alone?	Yes	No	How many adults live in your household, including you?		

## Details of the person who deals with your finances, if it is not you

We will send information about your financial assessment and care charges to this person i.e. invoices and statements. If they have a legal responsibility for your finances we will need to collect evidence about this.

Surname		First name(s)	
Title (Mr, Mrs, etc)		What is their relationship to you? (Son, friend, wife, etc)	
Address			
Phone number			
Email address (If they have one)			
Please tick the option that best describes the legal authority this person has.	None – this person is an informal financial representative		
	Deputyship	Appointeeship	Power of Attorney
	Lasting Power of Attorney (Property & Affairs)		
	Enduring Power of Attorney (Property & Affairs)		
	Other (please describe below)		
If you selected 'Other', please give more details about this person's legal authority.			
Please confirm the start date of this person's legal authority.			

## Paying the full charge for your care services

If you wish to pay the full charge for your services, you have savings over £23,250, or you do not want to provide any financial information, please sign this declaration.

If you are signing on behalf of the person receiving care, you will need to have legal responsibility for their finances (like an appointeeship or Power of Attorney) and we will ask for evidence of this.

I understand I will pay the full charge for my care services.	Yes
Name	
Date signed	Signature

If you have signed above you do not have to complete any more parts of this form. Please return it to the Care Charging Team using the details on the last page.

## Your spouse or partner

If you have a spouse or partner we will ask some questions about their finances because elements of your finances may be considered jointly. If they provide financial information on this form they should sign the last page to confirm the information is accurate.

Surname		First name(s)	
Title (Mr, Mrs, etc)		Date of birth	
National Insurance Number			
Confirm relationship (Married, Civil Partners, etc)			
What is the best way to contact them? Please confirm the best method (like phone or email) and their contact details.			

## Section B: Income and benefits

Please tick any premiums that you receive.	Disability Premium		Enhanced Disability Premium (under pension credit age)		
	Severe Disability Premium		Carer Premium		
Do you receive Housing Benefit?	Yes	No	If yes, how much do you receive? (in £)	How often? (Weekly, monthly, yearly, etc)	If you have applied but are not yet receiving it, when did you apply? Please give the date – you can estimate if you are not sure.
	I have applied but I am not yet receiving it.				

Please confirm your current income from any of the sources below. If you have additional income sources, or have income sources you do not have space to list (for example if you have more than two occupational pensions), please give these details in the 'Notes' question at the end of this section.


Income source	How much do you receive? (in £)	How much does your partner receive? (in £)	How often? (Weekly, monthly, yearly, etc)
State Retirement Pension	£	£	
Pension Guarantee Credit	£	£	
Pension Savings Credit	£	£	

Income source	How much do you receive? (in £)	How much does your partner receive? (in £)	How often? (Weekly, monthly, yearly, etc)
Occupational pension	£	£	
Second occupational pension	£	£	
Attendance Allowance	£	£	
Disability Living Allowance: Care component	£	£	
Disability Living Allowance: Mobility component	£	£	
Personal Independence Payment (PIP): Daily living component	£	£	
Personal Independence Payment (PIP): Mobility component	£	£	
Income Support	£	£	
Universal Credit	£	£	
Employment Support Allowance	£	£	
Jobseekers Allowance	£	£	
Incapacity Benefit	£	£	
Carer's Allowance	£	£	
Severe Disablement Allowance	£	£	
Child Tax Credit	£	£	
Industrial Injuries Disablement Benefit	£	£	
War Widows (ers) Special Payments (pre-1973)	£	£	
War Widow(er) Pension	£	£	

Income source	How much do you receive? (in £)	How much does your partner receive? (in £)	How often? (Weekly, monthly, yearly, etc)
<b>Any other war pension</b> (including War Disablement Pension, War Widow(er) Pension, and Civilian War Injury Pension)	£	£	
<b>Wage or salary</b>	£	£	
<b>Working Tax Credit</b>	£	£	
<b>Income received from rent payments</b>	£	£	
<b>Any other regular income</b> (give total and explain below)	£	£	

Please use the box below to give more information about income sources, or to add any sources you could not fit in the table above.

If you run out of space, please continue in Section F: Other information at the end of this form or write this information on additional pages if necessary.

 We can offer a benefit check to help you identify if you or your partner are entitled to any additional benefits. Please contact us by phone on **020 8356 4738 (Monday to Friday, 9am to 5pm)** or by email at [carecharges@hackney.gov.uk](mailto:carecharges@hackney.gov.uk) if you would like to arrange this.

## Section C: Accounts, savings and investments

Use this section to confirm the details of all your accounts, savings and investments. This includes bank and building society accounts, Post Office accounts, Premium Bonds, ISAs, trust funds, investments in stocks and shares, and overseas investments.

If you run out of space, please continue in **Section F: Other information** at the end of this form or write this information on additional pages if necessary.

### Bank and building society accounts

Name of bank or building society account	Account number	Balance (in £ – if you have an account in another currency, specify the currency)	Date of balance	Personal or joint account?

### All other accounts, savings and investments

Name and type of account, savings, or investment	Account number or reference number (if relevant)	Balance (in £ – if you have an account in another currency, specify the currency)	Date of balance	Personal or joint?

Have you disposed of any savings or investments in the last five years?

Yes

No

Not sure

If **yes**, or if you're not sure, use the space below to give details of any savings or investments you believe you have disposed of in the last five years. This includes the value, who it was owned by, the date when it was disposed of, and whether it was disposed of as a gift or through a sale. We will contact you to ask for further information about these.

If you run out of space, please continue in **Section F: Other information** at the end of this form or write this information on additional pages if necessary.

## Section D: Living costs

Please confirm how much you spend on the following regular living costs. If these are split with a partner, please confirm how much each of you currently pays.

Expenditure	How much do you spend? (in £)	How much does your partner spend? (in £)	How often? (Weekly, monthly, yearly, etc)
Rent			
Mortgage payments			
Council Tax			
Property Service Charge			
Water charges			
Building insurance			
Any other regular expenses (not disability related)  Please give a total and then explain below			

If you run out of space, please continue in Section F: Other information at the end of this form or write this information on additional pages if necessary.

Residential clients: please go straight to **Section E**.

Non-residential clients only: Do you have costs related to a disability?	Yes	No	Not sure
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**If yes**, the Council makes allowances for extra expenses due to your disability (additional laundry, special dietary needs etc) by ignoring 25% of the income you receive from disability living allowance, PIP or attendance allowance in the assessment.

if when you receive your assessment result you have receipts to evidence that you require more income to cover disability related expenditures please contact the Care Charging Team on **carecharges@hackney.gov.uk** or **020 8356 4738** to request a review form and provide evidence of the additional disability related costs.

Non-residential clients: please go straight to **Section F**.



## Section E: Property (residential clients only)

### a) Current property

Do you currently own or jointly own property or land?	Yes	No
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If no, go straight to **b) Previous properties.**

Address			
What is the approximate value?			
What is your ownership status?	Sole owner		Joint owner
What percentage of the home do you own?		What percentage(s) of the home is owned by another person or by other people?	
Please confirm who the other owners are – if this includes someone you haven't mentioned before on this form, give their name and contact details.			
Is the property freehold or leasehold?	Freehold		
	Leasehold		If it is leasehold, how many years are left on the lease?
Do you have a mortgage?	Yes		If yes, how much is outstanding? (in £) £
	No		
Is the property currently on the market?	Yes		If yes, when was it put on the market? Please estimate the date if you are not sure.
	No		
Does anyone other than your partner live in the house?  This includes children under 18.	Yes		
	No		

If yes, please give their details below. If you run out of space, please continue in **Section F: Other information** at the end of this form or write this information on additional pages if necessary.

Name	Date of birth	Relationship to you

<p><b>If there are tenants living in your property, do you intend to continue renting it out?</b></p>	Yes	
	No	
	Not sure	
<p><b>Do you have a property keyholder?</b> This is a person who does not live in the property who you have designated to have a copy of the key.</p>	Yes	
	No	
<b>Keyholder name</b>		
<b>Keyholder address</b>		
<p><b>What is the best way to contact them?</b> Please confirm the best method (like phone or email) and their contact details.</p>		
<p><b>Where are the deeds to the property or land held?</b> These may be accessible through HM Land Registry or may be possessed by a solicitor or someone else. Leave this blank if you are not sure.</p>		

## b) Previous properties

<p><b>Have you owned or jointly owned any properties or land in the last ten years that you no longer own?</b></p>	Yes	No
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If **no**, go straight to **c) Other properties you currently own**.

<p><b>When did the most recent property or land you no longer own cease to be in your name?</b> Please estimate the date if you are not sure.</p>	
<p><b>What is the approximate total value of all properties or land you have owned in the last ten years?</b></p>	

We may need to contact you for more information about your previous properties. If you would like to add any notes about how many properties you have owned, their value, or when you stopped owning them before we do so, please do so below.

### c) Other properties or land you currently own

Do you currently own or jointly own any other properties or land, in this country or abroad?	Yes	No
What is the approximate total value of all other properties you currently own?		

This Section has space for you to give information about one other property you currently own. If you currently own more properties or land please briefly describe how many properties you own below. We may contact you for more information about this.

Other property address			
What is your ownership status?	Sole owner		
	Joint owner		
What percentage of the property do you own?		What percentage(s) of the property is owned by another person or by other people?	

Please confirm who the other owners are – if this includes someone you haven't mentioned before on this form, give their name and contact details.			
Is the property freehold or leasehold?	Freehold		If it is leasehold, how many years are left on the lease?
	Leasehold		
Do you have a mortgage?	Yes		If yes, how much is outstanding? (in £)
	No		
Is the property currently on the market?	Yes		If yes, when was it put on the market?  Please estimate the date if you are not sure.
	No		
Does anyone other than your partner live in the house?  This includes children under 18.	Yes		
	No		

If yes, please give their details below. If you run out of space, please continue in Section F: Other information at the end of this form or write this information on additional pages if necessary.

Name	Date of birth	Relationship to you

If there are tenants living in your property, do you intend to continue renting it out?	Yes	
	No	
	Not sure	
Do you have a property keyholder?  This is a person who does not live in the property who you have designated to have a copy of the key.	Yes	
	No	
Keyholder name		

Keyholder address	
<b>What is the best way to contact them?</b> Please confirm the best method (like phone or email) and their contact details.	
<b>Where are the deeds to the property or land held?</b> These may be accessible through HM Land Registry or may be possessed by a solicitor or someone else. Leave this blank if you are not sure.	

## Section F: Other information

Please use this space to add any other information you have not been able to include elsewhere in the form. You can add additional sheets if you wish.

Once you have added any additional information, everyone should complete the final section, **Section G**.



## Section G: Sign relevant declarations to complete the form.

### a) All service users

1. As far as I know, the information I have given on this form is true and complete.
2. I will tell you if my financial circumstances change.

Signature		Date signed	
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If the service user is unable to sign the form, please confirm why below.

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### b) Spouses or partners

1. As far as I know, the information about my finances on this form is true and complete.

Signature		Date signed	
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If your spouse or partner is unable to sign the form, please confirm why below.

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### c) Financial representatives with legal responsibility for the service user's finances

1. As far as I know, the information I have given on this form is true and complete.
2. I will tell you if the service user's financial circumstances change.

Signature		Date signed	
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If you are acting as an informal representative, or you have helped the service user complete the form, they should sign for themselves in a) All service users and you should give your details in the section below.

### If someone has helped you fill in this form, please confirm their details

Name			
Date signed		Signature	
Contact details (if not provided elsewhere on this form)			

## Data protection and privacy notice

London Borough of Hackney is committed to supporting those with care needs and managing public money effectively.

The Council will use the information provided within the Financial Assessment Form (CA1) for the purposes of administering the Financial Assessment and payments process. We will use this alongside information the Council already holds and information from other government bodies such as the Department for Work & Pensions, to ensure that the Council charges the correct amount for the cost of care, which might be nil charge if it is found you cannot afford to contribute towards the cost.

### Post your form to



Care Charging Team  
Hackney Service Centre  
1 Hillman Street  
London, E8 1DY

### Email your form to



[carecharges@hackney.gov.uk](mailto:carecharges@hackney.gov.uk)

You can send scans or legible photos of this entire printed form, or you can download a Word version you can complete on a computer from <https://hackney.gov.uk/adult-social-care-finances>