The Government decides each year how much savings you can have before we can help you pay for your care. At the moment, the limit is £23,250 and is called the **threshold amount**. If you have more than this amount in capital and savings, or you do not wish to tell us about your finances, you will not be eligible for financial support from the Council. Normally, this means that you will be expected to have a private contract with a care company and pay the full cost of care yourself. We can help and advise you how to do this if you ask.

If you have requested a care assessment, your social care worker will ask you about your capital and savings to see if you have more than £23,250 in your own right.

If you do have more than £23,250 in your own right, you are over the threshold for our support, unless any of the capital you hold relates to any of the following:

- The surrender value of a life insurance policy
- An ex gratia payment made on or after 1 February 2001 relating to imprisonment by the Japanese during World War II
- vCJD compensation
- The Skipton Fund
- A student loan
- A payment from the Macfarlane Fund
- A social fund payment
- A payment for attendance at court as a juror or witness
- A council tax rebate
- Benefit arrears (received within the last year)
- A Deferred state pension
- The value of a property occupied by you as your main home

Any of these amounts are disregarded and should not be included in the capital amount.

**What if I cannot answer these questions at my care assessment?**

If you cannot answer these questions, we will assume you have more than £23,250 in capital and savings and that you will pay for your own care and support.

If you later find that you have less than £23,250, you can contact us for a financial assessment.

We will ask someone from our Financial Assessments and Benefits team (FAB) to talk with you about your finances. If you are eligible, they will also work out how much you should contribute towards any care and support costs. (If they visit you, you may have someone else present, if you wish.)
If you are eligible, we may help with paying for your care and support from the date you contact us, but we will not back-date.

**Benefits you may qualify for**
You may qualify for Attendance Allowance (if you are 65 or over) or the Personal Independence Payment (PIP) (if you are aged 16 to 64). It doesn’t matter how much income you have or the level of your savings; you can still claim these benefits.

If you are not already claiming Attendance Allowance, contact the Disability Benefit helpline on 03457 123 456 or to claim a PIP phone 0345 850 3322.

**When to contact Somerset County Council for help with the cost of care**
It is very important that you contact us as soon as possible when your savings drop towards £30,000. This gives us time to talk with you and complete assessments before the level reduces to £23,250, the level that you may be able get some help with paying for your care from Somerset County Council.

You can contact us by phoning Somerset Direct on 0300 123 2224.

**Your opportunity to feedback**
We welcome your comments about the services you receive. If you would like to tell us what you think, please either:

- Contact us by going to our website, [www.somerset.gov.uk](http://www.somerset.gov.uk), or
- Speak to your social care worker;
- Phone Somerset Direct on 0300 123 2224; or
- Contact the Adults and Health Customer Experience Officer
  - Floor B2 East
  - County Hall
  - Taunton
  - TA1 4DY
  - Email: [customerexperience@somerset.gov.uk](mailto:customerexperience@somerset.gov.uk)

This document is also available on request in Braille, large print, tape, disc and can be translated into different languages.
Self-funding declaration  
(Service user’s copy)

Name:  .................................................................

Address:  ..........................................................................................

Person ID:  .................................................................

I confirm that I don’t wish to disclose my financial details and agree to pay the private rate charged by my care provider.

or,

I confirm that I have over £23,250 in capital and savings.

• I understand that I may qualify for Attendance Allowance or
• Disability Living Allowance (care component) or Personal Independence Payment (PIP).
• I know who to contact to apply for them
• I know who to contact when my savings fall to the threshold amount.
• I understand that I should take independent financial advice.

Your Signature: .................................................. Date:  .........................

or

Signature on behalf of you:  ............................ Print name:  ............................................................. Date:  .................
Self-funding declaration
(Office copy)

Name: ..............................................

Address: ..................................................................

Person ID: ..............................................

I confirm that I don’t wish to disclose my financial details and agree to pay the private rate charged by my care provider.

or,

I confirm that I have over £23,250 in capital and savings.

- I understand that I may qualify for Attendance Allowance or
- Disability Living Allowance (care component) or Personal Independence Payment (PIP).
- I know who to contact to apply for them
- I know who to contact when my savings fall to the threshold amount.
- I understand that I should take independent financial advice.

Your Signature: .............................................. Date: .........................

or

Signature on behalf of you: .......................... Print name: .......................... Date: .........................