This information sheet provides a checklist of the things a Financial Assessment and Benefits Officer will talk to you about to work out how much, if anything, you will contribute towards your Personal Budget.

We only need the information if you have less than £23,250 in savings/capital. People with more than this are not eligible for financial support from the council and your personal budget will be set at the full cost charged by your chosen service providers.

We recommend that you also read:

- Our information sheet **C6: Working out your contribution for care and support**
  [http://docs.somerset.gov.uk/wl/?id=qBtIM0JK0kROSf276fHj4zwlew6bJpX7](http://docs.somerset.gov.uk/wl/?id=qBtIM0JK0kROSf276fHj4zwlew6bJpX7)
- Our charging policy, which is available on our website:

Please note that you do not have to give us details of your finances if you do not want to. If you choose not to, your personal budget will be set to the full cost charged by your chosen service providers.
### Your financial assessment checklist

#### Section 1 (self-funding declaration):

If you tick either of the boxes in this section, no financial assessment will be completed and you will pay the full cost charged by your chosen service providers. Please also complete the declarations at the end.

| I have more than £23,250 in savings/capital/2\textsuperscript{nd} property/land |  
| I do not want to provide details about my finances |  

#### Section 2.

**Things the visiting officer will need to see**

Tick the boxes to help you prepare for your financial assessment. It is very important that you have the information listed below ready for the visiting officer so that your contribution can be worked out correctly. Failure to provide complete and accurate information may result in you paying the full cost for your care and support.

| Details of savings/capital |  
| Bank statements (please provide 6 months consecutive bank statements – this can be viewed at the visit using a tablet or PC if you bank on-line) |  
| Building Society books |  
| National Savings or Post Office books |  
| Premium bonds and national savings certificates |  
| Share certificates |  
| Details of endowment insurance policies |  
| Details of any savings/capital |  

**Money**

If you have any money coming in:

| Details of any pensions |  
| • Pension and Allowance letters |  
| • Payslips if you are working |  
| Details of any other money you have coming in |  

**About your home**

| A letter or bank statement showing how much your mortgage or rent is each month |  
| A letter or bank statement showing how much your council tax is each month or year |  
| Evidence of ground rent |  
| Details of any service charges you have to pay |
**Disability Related Expenditure** (only for people not in a care home)

The visiting officer may also need to ask you about any money you spend specifically because of any disability you may have. This may be on things like:

- Extra heating costs
- Extra laundry costs
- Gardening
- Window cleaning
- Specialised equipment or clothing

These are examples only. It would be helpful if, before the visit, you could think about how much extra you spend if you have a disability.

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**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 our Customer Experience Officer
  Floor B2 East
  County Hall
  Taunton
  TA1 4DY

Email: customerexperience@somerset.gov.uk

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

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

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

.............................................................................

.............................................................................

.............................................................................

ID number: ...........................................................................

- I confirm that I have over £23,250 in savings/capital or do not want to divulge my financial information.

- I understand that I may qualify for Attendance Allowance/Disability Living Allowance (care component)/Personal Independence Payment (PIP).

- I know who to contact when my savings/capital fall below £23,250.

- I understand that Somerset County Council will normally only help with fees from the date I contact them.

Signature: ...........................................................................

Date: .............................................................................

or

Signature of financial representative: ...........................................................

Print name: ...........................................................................

Date: .............................................................................
Self-funding declaration
(Please this copy for your records)

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

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

ID number: ............................................................

• I confirm that I have over £23,250 in savings/capital or do not want to divulge my financial information.

• I understand that I may qualify for Attendance Allowance/Disability Living Allowance (care component)/Personal Independence Payment (PIP).

• I know who to contact when my savings/capital fall below £23,250.

• I understand that Somerset County Council will normally only help with fees from the date I contact them.

Signature: ........................................................................

Date: ........................................................................

or

Signature of financial representative: .................................................................

Print name: ........................................................................

Date: ........................................................................