This information sheet explains about:

- Capital threshold
- Benefits
- NHS funded care
- Getting financial advice
- When to contact us

We recommend you also read our information sheet D1: Choosing a care home

The limit set by the Government for getting help with care fees is **£23,250 - this is called the threshold amount.** If you have more than this amount in capital/savings, you are not eligible for financial support from Somerset County Council.

This means that you must pay the full cost of your care yourself until your capital/savings fall to £23,250.

**Other benefits you may qualify for**

As you are not getting any help with your care fees from us 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 capital/savings; you can still claim these benefits.

If you are not already claiming Attendance Allowance contact the Disability Benefit helpline on 0345 605 6055 or to claim a PIP phone 0345 850 3322.
NHS funded care
People who pay for their own care in nursing homes can ask for an assessment to get NHS funding for the nursing part of their care.

When you have signed a consent form, the District Nurse Assessor attached to your doctor’s surgery will arrange to visit you to carry out this assessment.

You do not have to have an assessment, but if you choose not to have one, no payments can be made.

The payments will be made directly to the home, so you will need talk to the home about reducing your fee.

Independent Financial Advice
We advise you to take independent financial advice, as there may be several different ways of funding care available. See our information sheet **C4: Getting independent financial advice**.

When to contact Somerset County Council for help with care fees
It is very important that you contact us as soon as possible when your capital/savings drop to £30,000. This provides us with time to talk with you and work out the exact date that you may be able get some help with care fees from Somerset County Council before your capital/savings reduce to our funding level of £23,250. You can contact us by phoning Somerset Direct on 0300 123 2224. We have standard prices that we will pay care homes. If your savings reduce and you require help with paying your fees we will not pay more than this price. Please see our information sheet **D2: Paying for residential care** for more details about this.

Please note; that if your capital/savings do drop, but you own or have an interest in a property or land, we are unlikely to be able to provide you with any financial support to help pay for your care fees, but you may be entitled to a Deferred Payment. Please see our information sheet **D4: People moving into a care home who have a property**. Again, we recommend that you obtain independent financial advice.
Unhappy with your care home?
Even if you pay your own fees you are still entitled to advice and information from Somerset County Council. If you are not happy with how your care home is looking after you, or you think their charges are unreasonable, please phone Somerset Direct on 0300 123 2224 and ask for a Social Care Worker to visit you.

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 South
  County Hall
  Taunton
  TA1 4DY
  Email: [customerexperience@somerset.gov.uk](mailto:customerexperience@somerset.gov.uk)
Residential/Nursing Care

Self-funding Declaration (Resident’s copy)

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

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

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

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

• 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 capital/savings fall to the threshold amount.

• I understand that I should take independent financial advice.

• I have been told that Somerset County Council now pays £________ for the type of care that I require. I understand that if I agree to pay more than this, I may have to ask someone else to pay the difference (top-up), or move to a less expensive home, if and when my capital/savings fall below £23,250 and I ask Somerset County Council or another Council, if I leave Somerset, for financial assistance to pay the fees.

• For people living in Somerset, I understand that if I do not contact Somerset Direct on 0300 123 2224 to tell them that my capital/savings have fallen at the correct time, Somerset County Council will normally only help with fees from the date of contact.

Resident’s
Signature: ......................... Date: ....................... or

Signature on behalf of resident: .......................... Print name: .......................... Date: .......................
Residential/Nursing Care

Self-funding Declaration (Office copy)

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

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

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

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• 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 capital/savings fall to the threshold amount.

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• I have been told that Somerset County Council now pays £_______ for the type of care that I require. I understand that if I agree to pay more than this, I may have to ask someone else to pay the difference (top-up), or move to a less expensive home, if and when my capital/savings fall below £23,250 and I ask Somerset County Council or another Council, if I leave Somerset, for financial assistance to pay the fees.

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