

Financial Assessment Form



Key Notes for Adult Social Care Financial Assessment Form:

This form should be completed for all adults who receive local authority-arranged care and support. It will be used to work out exactly how much you can afford to pay towards the cost of your care.

A financial assessment looks at how much you can pay based on your income, savings and capital. It ensures you are not asked to pay more than you can afford.

You will need to provide copies of all financial information detailed in this form. This is essential for us to be able to confirm the information. If you do not provide the information in the timescales required and/or fail to provide the supporting documents, you may have to pay the full cost of your care and support.

If you decide you do not wish to disclose your financial information to us, please sign the declaration in section 4. You will be required to pay the maximum charge towards the cost of services provided to you based on the actual hours received.

Benefits Check

During the financial assessment process, the Financial Assessment team (FAST) may refer you to the Council's Every Pound Counts team if they identify you might not be claiming all the benefits that you may be entitled to. Every Pound Counts team will provide a benefit check, advice and help to claim under-claimed benefits.

If you need help completing this form, please contact our Helpdesk on our Freephone number 0800 052 8886.

Once complete, sign the declaration in section 12 and return the form with supporting evidence by the date specified to:

Financial Assessment Team
London Borough of Lambeth
PO Box 80771
London
SW2 9QQ

Or email it to our generic email address financialassessment@lambeth.gov.uk

This form and further guidance on the charging process is available at <https://www.lambeth.gov.uk/adult-social-care-and-health/adults-and-older-people/paying-care>

Adults Social Care Contribution Policy can be found: <https://www.lambeth.gov.uk/sites/default/files/2024-06/Adult%20Social%20Care%20Contributions%20Policy%202024-2025.pdf>

Mosaic Number

We do not expect you to know your Mosaic Number. This field should be pre-populated by Lambeth council social care staff.

Section 1: Personal information

Title

Date of Birth

First names

Surname

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2 letters

6 numbers

1 letter

If you do not know your National Insurance number, the quickest and easiest way to find it is on any letter from the Department for Work and Pensions or Job Centre Plus. You can find it on your bank statement next to the benefits that are paid into your account or on a document about tax, pension or pay slips.

Mobile Telephone Number

Home Telephone Number

Email Address

Current Address

Postcode

Owner ☐

Rented ☐

Other (please specify)

Section 2: Living arrangements

Do you currently live alone?

Yes ☐

No ☐

Do you currently live with your family in their home?

Yes ☐

No ☐

Do you have a spouse/partner/civil partner?

Yes ☐

No ☐

If you do not live alone, please tell us who is living with you.

Full Name	Relationship to you	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have dependent children, please provide details below.

Full Name	Date of Birth

Section 3: Service users unable to manage their financial affairs

Do you have a family member or representative who deals with your financial affairs?

Yes ☐ No ☐

If yes, give name and address below.

Title		Relationship to you	
First names		Surname	
Address			
Postcode		Contact telephone no	
Email address			

Is the correspondent acting in the capacity of Enduring/Lasting Power of Attorney, DWP Appointee or Deputy?

Yes ☐ No ☐ Pending ☐

Please confirm if all correspondence and invoices should be sent to this person.

Yes ☐ No ☐

If no, provide address where we should send your correspondence and invoices.

Address	
Postcode	

Section 4: Non-Disclosure

Non-disclosure or a light touch financial assessment is a short version of this form. If you decide you do not wish to disclose your financial information to us, please sign the below declaration. You will be required to pay the maximum charge toward the cost of services provided to you based on the actual hours received.

Declaration of non-disclosure of your finances

Please sign below if you decide that you do not wish to disclose your financial details.

You, or your authorised representative, must read the following statement then sign and date it:

- 'I am aware that I will have to pay towards the cost of services I receive that are provided and/or bought on my behalf'.
- 'I do not want to provide financial details and I therefore agree to pay the full cost of services provided on my behalf by the Council together with any administration fee as detailed in the Adult Social Services fees and charges policy'.

Signature

Date

Pointers on how to sign this document can be found on page 12.

Print Name

If not service user state capacity (e.g. appointee, deputy)

If you have completed this section, then you do not need to complete the rest of this form, BUT you will need to read and sign the declaration in Section 12 on pages 11 and 12 before returning this form in the prepaid envelope or electronically to our generic email address financialassessment@lambeth.gov.uk.

Section 5: Residential Care: Placement Details (if known)

Name of Home

Address

Postcode

Proposed admission date

Is this placement

Temporary (unlikely to exceed 52 weeks)

☐

Permanent

☐

Temporary for first 8 weeks then permanent

☐

Respite

☐

Section 6: Income

You are required to provide documentary evidence in respect of your income received with this form. We will accept photocopies of documents such as bank statements, DWP letters, private pension pay slip etc.

If you are claiming a benefit that you have not yet received, please tell us by writing 'claiming' in the appropriate frequency column.

Please tell us how often you are paid each benefit e.g., weekly, monthly etc.

Type of Income	Your Income		Joint Income	
	£	Frequency	£	Frequency
Attendance Allowance				
Bereavement Benefit				
Child Benefit				
Carers Allowance				
Constant Attendance Allowance				
Disability Living Allowance Care				
Disability Living Allowance Mobility				
Employment and Support Allowance (ESA)				
Earned Income (after tax and deductions)				
Incapacity Benefit				
Income Support				
Jobseekers Allowance				
Maternity Allowance				
Occupational Pension				
Private Pension				
Pension Credit (Guaranteed Credit)				
Pension Credit (Savings Credit)				
Personal Independence Payment (Mobility Component)				
Personal Independence Payment (Daily Living Component)				
Rental Income from Property 1				
Rental Income from Property 2				
Severe Disablement Allowance				
State Retirement Pension				
Universal Credit				
War Pension/War Widow's Pension				
Any other income/benefits				

Is anyone claiming Carers Allowance for caring for you?

Yes

☐

No

☐

If so, please provide their details:

Title	<input type="text"/>	Relationship to you	<input type="text"/>
First names	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Contact telephone no.	<input type="text"/>

Section 7: Savings, Capital and Investments

Please give details of any bank or building society accounts held including any held overseas. This information will help us work out exactly what you should pay and will help us to do an accurate benefits check.
Bank statement copies need to be provided.

Name of bank/building society	Sort code Number	Account Number	Balance	Joint or sole account

Your other assets:

Please provide documentary proof of any assets.

Details	Balance	Number Held	Joint or sole account
Post Office accounts			
Stocks and Shares			
National savings certificates			
Premium and Savings Bonds			
Money held in Trust			
Personal equity plans (PEPS)/Tax-exempt special savings account (TESSA)/ Individual Savings Accounts (ISA)			

Property:

Please provide details of any property, land and businesses that you own, including any owned overseas.

Do you own any properties (including the home in which you live)?

Yes ☐

No ☐

How many properties do you own?

Details of property, land and businesses owned	Estimated value	Percentage owned	Amount owing on mortgage

Please provide details of anyone who will remain living in the property if you go into residential care:

Person 1:

Name

Age

Relationship

Person 2:

Name

Age

Relationship

Person 3:

Name

Age

Relationship

Section 8: Expenses

Please tell us about the expenses you have in relation to your household:

Expense	Amount	Frequency
Rent		
Mortgage		
Ground rent		
Property service charge		
Council tax (less any Council tax reduction received)		
Insurance costs buildings		
Insurance costs contents		
Standard fuel charges/heating		
Water rates		
Careline/Telecare		
Loan repayments (relating to home, repairs etc.)		
Any other property outgoings (please specify)		

Who normally pays your household expenses? Yes ☐

Your partner ☐

Both of you ☐

Other

Section 9: Disabled Related Expenditure (DRE) - identified as part of your care plan

If you receive disability benefits, we will provide you with a standard allowance of £10 per week in the financial assessment that covers extra expenditure that you need to pay from your income for your disability. It is not a cash payment but an allowance which may reduce the amount that you are required to contribute towards the cost of your care. People who have a greater level of disability related expenditure than this can make a claim and we will work out their allowance figure. The amount to be claimed is the difference between the usual cost and the reasonable actual amount paid due to your disability. Please note, you are required to provide a minimum of 3 months' documentary evidence.

Additional guidance on applying for disability related expenditure can be found at Lambeth's website: [Disability related expenditure information | Lambeth Council](#)

	Weekly costs	Yearly costs

Section 10: Residential Care - Personal Expenses

Please give details of any special circumstances which you wish the Local Authority to consider when determining your personal allowance.

Section 11: Protecting your Personal Information

We have a duty to facilitate the provision of social care services to cover unmet needs of those individuals who qualify under the eligibility criteria. To do this, we must hold records about you, your personal circumstances and the services/care you are receiving or may need to receive in the future.

We manage, maintain and protect all information according to legislation, our policies and best practices. We have security measures in place to maintain and safeguard the confidentiality, reliability and availability of our systems and data. All information is stored, processed and communicated in a secure manner. When we ask you for personal information, we will:

- ensure you know why we need it.
- protect it and make sure nobody has access to it who should not.
- ensure you know if you have a choice about giving us information.
- let you know if we need to share it with other organisations to give you better public services - and if you can say no.
- make sure we do not keep it longer than necessary.

We know how important it is to protect your privacy and work within the terms of the General Data Protection Regulations (GDPR).

If you would like to see the information we hold about you, you have the right to access your personal information under GDPR. This is commonly referred to as a subject access request. You can make a subject access request verbally, in writing or online at [Subject access requests | Lambeth Council](#).

For more information about our Privacy Notice, please see our website at [Privacy notice | Lambeth Council](#)

Section 12: Declaration

I understand that I have to be financially assessed to determine my contribution towards the cost of services I may require which are provided by the Local Authority.

I confirm that the information given on this form is correct and complete. I will inform the Local Authority of any changes in the financial circumstances detailed above as soon as possible.

The Council will use the information I have provided to calculate my contribution and may check some of the information with other sources as allowed by law. This may include the Department for Work and Pensions.

I agree to pay the charge notified to me and assessed in accordance with current legislation and the Local Authority's charging policy for services provided.

I understand that legal action may be taken against me to recover any unpaid invoices.

I agree to help the Council to maximise my income by applying for all available state benefits to which I am entitled to.

If I fail to declare assets that I hold either fully or partly then the Council may act retrospectively to recover any sums due and/or may take legal action.

I have not deprived myself of any assets or transferred either capital or property to avoid care charges that have not been disclosed in the sections above. I understand that the Council will use the provisions contained in Annex E of the Care Act 2014 Care and Support Statutory Guidance, should any issues of deprivation of capital arise.

Signature

Date

Print Name

If not service user state capacity (e.g. appointee, deputy)

To insert a signature on a PDF, you can use **Fill & Sign** option:

1. Click on **Fill & Sign** in the Tools panel on the right.
2. Click **Sign**, and then select **Add Signature**.
3. A popup will open — **Type**, **Draw**, and **Image**. Select one and click **Apply**.
4. Drag, resize and position the signature inside your PDF file.

Alternatively, you can sign with **Digital ID** by clicking into the Signature field on the form and choosing the Digital ID that you want to use for signing, press **Continue** and then **Sign**.