



NON-RESIDENTIAL CARE, FINANCIAL ASSESSMENT FORM (NR3-v9)

Service Users Name: _____ Case No.: _____
 Address: _____ Tel. No. _____
 Service Users DOB: _____ National Insurance No.: _____
 Partners DOB: _____ National Insurance No.: _____
 Financial Information Divulged? **YES / NO**
 Capital: Total in Service Users Name £ _____ Total In Joint Name £ _____ (Attach Details)
 Other property in your name or Joint Name _____ Market Value of the property: £ _____
 New Referral / Re-assessment (Delete as appropriate) _____ Date Service Started _____
 Assessor: _____ Assessment Date _____ Welfare Rights Check Requested? (Y / N) _____

Weekly Income	Service User		Proof Sight
	£	p	
Attendance Allowance			
Board & Lodgings			
Carer's Allowance			
Child Benefit			
Child Tax Credit			
DLA Care			
DLA Mobility			
Employment & Support Allowance (ESA)			
Incapacity Benefit			
Income Support			
Independent Living Fund			
Industrial Injury Benefit			
Incapacity Benefit			
Occupational Pension			
Pension Credit			
Sev. Disability Allow.			
St. Retirement Pension			
Statutory Sick Pay			
Take Home Pay			
Tariff Income: Capital			
War Disability Pension			
War Widows Pension			
Widows Benefit			
Working Tax Credit			
Job Seeker's Allow.			
Other Income			
Income Totals			
Signed		(for Social Work)	
Signed		(for applicant)	

Weekly Allowances (Service User)		
	£	p
Weekly Rent/Mortgage (Net)		
Weekly Council Tax & Water Chg. (Net)		
Building Insurance		
DLA Mobility:		
Independent Living Fund		
War Disability Pension-Basic & Mobility		
War Widows MOD Element-Full		
War Widows Basic Pension £10		
Personal Allowance		
Other: (Day Care etc.....)		
<i>Total Allowances</i>		

I wish to apply for Social Work Services, subject to the terms and conditions laid down by the Council.

*The details of my income and expenditure are contained here and I undertake to pay for services as assessed.

I give permission for the Council to share and obtain information from the Department for Works and Pensions and understand that the Council will obtain financial information about me and verify any details I have provided with any record it holds and maintains to determine my income and allowances accurately;

OR

*I do not want to divulge my Financial Circumstances and agree to pay the Full Charge.

* Delete as appropriate)

I agree to notify the Council of changes in my Financial Circumstances.

Data Protection Act: Your information may be shared with other Council departments and local or central government organisations for verification or anti- fraud purposes.

WEEKLY SERVICES RECEIVED

Services	Provider	Start Date	Units pw
Homecare			
Housing Support			
Warden Service			
Day Care			