



Adults and Communities Directorate
Receipt of Financial Assessment
Form FA1
(October 2024)

This form should be completed if you:

- Have been assessed as being eligible for social care and support **and**;
- Have capacity to make decisions about your property and financial affairs **or**
- Have legal authority to make financial decisions on behalf of the person who has been assessed as being eligible for social care and support or intend to apply for legal authority.

If you wish to see if you could get help towards the cost of care:

Although some care and support services are free, most are chargeable. This means that most people have to pay something towards their own care, and some will have to pay the full cost.

We will carry out a financial assessment to determine whether you need to pay for your care or whether you are entitled to any assistance. This means we will look at how much money you receive, how much money you have to pay out each week and how much you have saved or invested. Government rules set out how we must calculate your contribution towards your care.

In order for us to carry out this assessment you must complete a Financial Assessment Form (FA2). If you are required to pay a contribution towards your care whether in part or in full, you will be required to do so from the date your care began.

If you do not complete a financial assessment form, you will be responsible for paying the full cost of your care.

If you are willing to pay for the full cost of your care service yourself:

You do not need to have a financial assessment. You will receive a bill for the full cost of your care. You can ask for a financial assessment in the future, but any contributions you are entitled to would only be backdated to the date of the financial assessment, not to the start of your care.

The Council will provide the care that you need from the date that you are assessed as requiring it. This care will be provided even if you need to pay for it yourself. A bill will be sent to you if you need to pay for all or some of your care.

This form should be completed for all social care clients
(regardless of whether a financial assessment is required).

Part A: Please complete Part A if you have care and support needs and have capacity to make decisions about your finances.

A1: Receipt of financial assessment form and information

<input checked="" type="checkbox"/>	<i>Please tick</i>
<input type="checkbox"/>	I understand that if I need to pay for my care, the bill that I receive will be backdated to the first day that care was provided.
<input type="checkbox"/>	I understand that if <u>I do not provide financial information</u> , I will receive a bill for the full cost of my care regardless of whether I would be entitled to any financial assistance.
<input checked="" type="checkbox"/>	<i>Please tick one box only</i>
<input type="checkbox"/>	I <u>have</u> been given the Financial Assessment Form FA2 and understand that this needs to be completed and returned within 21 days.

<input type="checkbox"/>	I <u>have not</u> been given the Financial Assessment form FA2 to complete as I agree to pay the full cost of my care without a financial assessment. I understand that for any non-residential care I will be charged a set-up fee and ongoing administration fee.
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A2: Authorisation for someone else to act on your behalf

Only complete if you wish to authorise a family member or friend to act on your behalf in respect of your financial assessment.

I authorise _____ to act on my behalf in respect of my financial assessment. Please send all correspondence relating to my financial assessment directly to them. I understand that I will still need to sign the client declaration on the Financial Assessment Form (FA2).

Please provide contact details for the person who you would like to authorise to act on your behalf:

Name	Relationship
Address and postcode	Telephone

A3: Signature of adult with care and support needs

Full name			
Date of birth		Case book reference (if known)	
Address and postcode			
Signature		Date	

Part B: Please complete if the adult with care and support needs lacks capacity to make financial decisions.

B1: Details of the adult with care and support needs

Full name of adult with care and support needs	Date of birth
Address and postcode	

B2: Authority to make financial decisions

You must have legal authority to make financial decisions on behalf of someone who lacks capacity to do so themselves. This includes:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Court of Protection Appointed Deputy • Appointee | <ul style="list-style-type: none"> • Lasting Power of Attorney • Enduring Power of Attorney |
|---|---|

If you do not have legal authority, you should still complete and submit the information on the financial assessment form. If you do not apply for legal authority, or if your application is turned down, the Council will make an application to become the adult's deputy or appointee. This means that decisions relating to the adult's financial affairs will be made by the Council. You may be consulted about such decisions, but the final decision will rest with the Council.



Please tick one box only

I have legal authority to make financial decisions on behalf of the person named in section B1. I understand that I will need to provide documentary proof of my legal authority regardless of whether or not I complete a financial assessment on their behalf.

I do not have legal authority to make decisions on behalf of the adult named in section B1, but I confirm that a family or other representative will apply for legal authority within 28 days of signing this form. I understand that failure to do so may result in Redcar and Cleveland Borough Council applying for legal

	authority to make financial decisions on behalf of the adult named in section B1.
<input type="checkbox"/>	I do not have legal authority to make decisions on behalf of the adult named in section B1, and there is no family or other representative who is willing or able to do so. I understand that this may result in Redcar and Cleveland Borough Council applying for legal authority, to make financial decisions on behalf of the adult named in section B1.

B3: Receipt of Financial Assessment Form and Information

<input checked="" type="checkbox"/>	<i>Please tick both boxes</i>
<input type="checkbox"/>	I understand that if the person named in section B1 needs to pay for their care, they will do so from the first day that care was provided. Failure to pay, or suspected fraudulent or criminal activity, may result in Redcar and Cleveland Borough Council taking debt recovery action against the person named in section B1 or their representative. We may also report this to the Council's Counter Fraud Team, the Department for Work and Pensions and/or the Police, which could result in legal action being taken.
<input type="checkbox"/>	I understand that if I do not provide financial information within 21 days, an invoice for the full cost of care will be sent to either myself or the adult named in section B1.
<input checked="" type="checkbox"/>	<i>Please tick one box only</i>
<input type="checkbox"/>	I have been given the Financial Assessment form FA2 and understand that this needs to be completed and returned within 21 days.
<input type="checkbox"/>	I have not been given the Financial Assessment form FA2. This is because I am authorised (or intend to apply for authority) to

	make a decision to not complete a financial assessment on behalf of the person named in section B1.
<input type="checkbox"/>	I have not been given the Financial Assessment form FA2 as I do not have legal authority to act on behalf of the person named in section B1 and do not intend to apply for legal authority. I understand that if no-one applies for legal authority, Redcar and Cleveland Borough Council will seek legal authority to make financial decisions on behalf the adult named in section B1.

B4: Representative's Signature

Name and date of birth of the adult whom you represent	Relationship/legal authority
Representatives details:	
Full name	Date of birth
Address and postcode	Telephone
	E-mail
Signature	Date
For Office use	
Adult and Communities staff member's name	Adult's Casebook reference no.