

# Adult Social Care Ability To Pay Form

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This form should be completed if you feel that you are unable to pay your assessed contribution towards your care due to exceptional circumstances.

This form will not be considered if you have savings of more than £1000. You will need to supply current bank statements for all your accounts.

**We need to see proof of the things you tell us about. As you complete the form you will see reminders of the need to provide evidence. When you return the form please enclose all of the evidence required. You should also ensure that you attach the correct postage otherwise the form may not reach us.**

This form should be returned to:           Financial Assessment & Charging Team  
West Berkshire Council,  
Market Street,  
Newbury,  
Berkshire, RG14 5LD

West Berkshire Council supports the objectives of the Data Protection Act and is registered as a data controller. Information which you provide will be governed by the requirements of the Data Protection Act and may be processed by the Council in the performance of its statutory duties or for purposes required by law. More information is available at [www.westberks.gov.uk/dataprotection](http://www.westberks.gov.uk/dataprotection)

We must protect the public funds we handle and so may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purpose, with other organisations that handle public funds.

More information is available at [www.westberks.gov.uk/privacynotices](http://www.westberks.gov.uk/privacynotices)

## Part 1

### Details of the person who is/ will be receiving Adult Social Care

Title (Mr/Mrs/Miss/Ms)

Surname

First names

Home address

Postcode

Date of Birth

National Insurance number

## Part 2

Use this space to tell use why your circumstances are exceptional.

## Part 3 – Expenditure

<b>Expenditure</b>	<b>Payment amount</b>	<b>How often? E.g weekly, monthly</b>	<b>For Official Use Verified</b>
Rent (less Housing Benefit)			
Mortgage			
Other secured loans/2nd mortgage			
Council Tax (Less Council Tax Reduction)			
Water			
Gas			
Electricity			
Life insurance			
Buildings insurance			
Home contents insurance			
Groceries/Housekeeping			
Maintenance/child support			
Loans/hire purchase			
Credit card payments			
TV licence			
Telephone & Broadband			
Mobile phone			
Car including insurance, road tax & fuel			
Fares to work			
House repairs/maintenance			
Children (school expenses)			
Pets			
Health Costs eg prescriptions/opticians/dentist			
Personal costs eg hairdressing, toiletries, clothing & footwear			
Other (please specify)			
Other (please specify)			
Other (please specify)			

Do you have any debts?            Yes            No

If yes, please provide the details below. You must provide evidence of any debts when you return this form.

<b>Debt</b>	<b>Company &amp; Reference/account number</b>	<b>Amount Owed</b>	<b>Usual payment</b>	<b>How often?</b>	<b>For Official Use Verified</b>
Rent or Mortgage					
Council Tax					
Gas Bills					
Electric Bills					
Water Bills					
Bank Loans					
Bank Loans					
Bank Loans					
Credit Card					
Credit Card					
Credit Card					
Store Card					
Store Card					
Court Payments					
Court Payments					
Other Debts					
Other Debts					
Other Debts					

## Part 4 - Declaration

**Where possible the person who is receiving support from West Berkshire Council should sign this form at Declaration A**

**If any person knowingly gives us false or misleading information, or fails to give us any information we ask for, we may take legal action to recover any amount not paid as a result.**

### Declaration A

I declare that, as far as I know and believe, the information I have given in this form is true and complete. I agree to tell you about any changes in my financial circumstances.

Client's signature:

Date:

**If someone else manages your finances, they must fill in the Representatives Declaration B. We will contact this person about your financial assessment and paying your charges.**

### Representatives Declaration B

Title (Mr/Mrs/Miss/Ms):

Surname

First names:

Address:

Postcode:

Phone (daytime):

Phone (mobile):

Relationship to the person being assessed:

Please tick any of the boxes that apply to you and provide evidence of your authority to act for the person who is named on the front of this form.

1. I am acting                      or planning to act                      as power of attorney for the service user
2. I am acting                      or planning to act                      as deputy appointed by the Court of Protection.
3. I am acting                      or planning to act                      as appointee, appointed by the Department for Work and Pensions
4. I am authorised to sign paperwork for the service user's bank, building society or post office accounts
5. I have no official responsibility and will be acting only as a contact point for the service user

### Declaration

I understand that you may charge the service user for care services they receive. That charge will be based on their savings, investments and income. I will help you with your assessment and with paying any charges due. I will not take any action to deprive the service user of savings, investment or income so they can avoid paying charges.

Representative's signature:

Date:

Office Use Only

Waiver agreed	Yes	No
Date to be applied from		
Amount to be waived per week		
Period of waiver		
Notes		
Signature	Date	