



ACS 8b SP Referral and Financial Screening Form

This form must be completed for Supporting People service users who are not exempt from charges. People with capital above the County Council's limit (see below) are liable to pay the full support charge: others can be referred to the Adult Care Services Community Finance Team for a full financial assessment visit.

Section A

Service User's Details

| | |
|----------------|--------------------|
| Name | |
| Address | |
| Postcode | Telephone No |

Name of support provider

Service Name

Supporting People SPOCC Service ID

| | |
|--|---------------------|
| Do you have savings, capital or investments totalling more than £22,250 (in 2008/09) | YES / NO |
|--|---------------------|

If **No** please go to section **B**

| | |
|--|----------------|
| If yes, is the capital held in your name only? | YES/ NO |
|--|----------------|

| | |
|---|---|
| If NO , how much is in these joint accounts? | £ |
|---|---|

| | |
|--|--|
| Who apart from yourself is the account holder? | |
|--|--|

| | |
|---|---------------|
| Is any of your capital: | |
| Compensation e.g. for personal injury or from a Government compensation scheme? | YES/NO |
| Investment bonds? | YES/NO |
| Held in trust? | YES/NO |
| If you have answered yes to any of these questions, we may contact you for further information. | |

Declaration

I have more than £22,250 in capital/I do not wish to disclose my financial circumstances* and understand I will pay the support charge for housing related support. I will notify you if my capital drops below £22,250 as I might be entitled to help with the cost of the services I receive.

Signature PRINT NAME
Service User/ or his /her legal representative, e.g. attorney, appointee, receiver

* delete as applicable

Section B

I have less than £22,250 in capital and agree to a financial assessment by Hertfordshire County Council. I agree that the Department for Work and Pensions may pass details of my rate of benefit, and where necessary, the components of that rate, to Hertfordshire County Council for the purposes of assessing my contribution to the cost of housing related support service, on a continuing basis. I understand that I may withdraw my consent to the supply of information regarding my benefit entitlement at any time by notifying, in writing the Department for Work and Pensions.

Signature PRINT NAME
Service User or his/her legal representative, e.g. attorney, appointee, receiver

Date

Service User's National Insurance number

Signature PRINT NAME
Service User's partner if he/she receives income support or pension credit

Partners national Insurance number

Arrangements for the Financial Assessment Visit

Who would you like to be there when the Community Finance Officer visits you?
(Is there someone who helps you manage your finances?)

Name Relationship

Contact details

.....

Do you have language or communication needs? Yes/No

What would be helpful?

.....

To be completed by the Support Provider

Other information that would be helpful for the community finance officer to know before arranging the visit e.g. access arrangements, identified health and safety risks.

Signature PRINT NAME
Support Provider

Email Address

Contact tel number for use by Adult Care Services Finance
.....

Completed form to be sent to:

**Adult Care Services,
Income Section,
Farnham House
Six Hills Way
Stevenage
Herts
SG1 2FQ**

**Tel: 01707 281917
Fax 01707 280744**