

ANNUAL RE-ASSESSMENT CLAIM FORM – Residential – Under 60

NAME								
ADDRESS								
CASE PAPER NO.								
National Insurance No.								
Are You (please tick ✓)	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Single	<input type="checkbox"/>	Other	<input type="checkbox"/>

PART 1 – ABOUT YOUR INCOME (Please send copy of Benefits letter)

TYPE OF BENEFIT	£	p	VERIFIED	METHOD
State Amount Paid (weekly or 4 weekly)				
Income Support / ESA				
Incapacity Benefit				
Severe Disablement Allowance				
Child / Working Tax Credit				
Disability Living Allowance - Care Higher <input type="checkbox"/> Middle <input type="checkbox"/> Lower <input type="checkbox"/> (please tick ✓)				
Disability Living Allowance - Mobility Higher <input type="checkbox"/> Lower <input type="checkbox"/> (please tick ✓)				
P.I.P. Standard <input type="checkbox"/> Enhanced <input type="checkbox"/> (please tick ✓)				
Universal Credit				
Any other Benefit (please state)				

PART 2 – OTHER INCOME (Please send proof of income i.e. letter/wage slip)

State Amount Paid weekly <input type="checkbox"/> monthly <input type="checkbox"/> 4 weekly <input type="checkbox"/> (please tick ✓)	£	p	VERIFIED	METHOD
Occupational/Private Pension				
Trust Income				
Bonds				
Rent from Properties or Boarders				
Earnings				
Other Income (please state)				

PART 3 – CAPITAL (please send proof of all savings i.e. Bank statement)

CAPITAL	ACCOUNT NUMBER	AMOUNT £ p	VERIFIED	METHOD
Bank, Building Society				
National Savings Bank				
Premium Bonds				
Income/Capital Bonds				
Investments/Shares etc				

PART 4 – DECLARATION

I declare to the best of my knowledge the information given is true and complete. I will inform Denbighshire County Council if any of the information changes. I understand that although the information I have given is confidential, the Council may have to check some of the details. I therefore authorise the Department for Work and Pensions and/or any other department within Denbighshire County Council to disclose information to the Financial Assessment Officers as required. Should it be necessary I also authorise the Financial Assessment Officers to disclose information supplied on this form to any of the above.

PLEASE SIGN BELOW

SIGNED: _____ **DATE:** _____
(Client)

SIGNED: _____ **DATE:** _____
(On behalf of the Client)

Relationship to Client _____

Address if not the same as Client: _____

PLEASE REMEMBER TO ENCLOSE COPIES OF ANY RELEVANT DOCUMENTS TO VERIFY THE FINANCIAL INFORMATION PROVIDED.

**RETURN THIS FORM TO: FINANCIAL INCOME ASSESSMENT TEAM,
RUSSELL HOUSE,
CHURTON ROAD,
RHYL,
DENBIGHSHIRE, LL18 3DP**

Privacy Notice – what we will do with your details.

Your documents (Financial Assessment form and any associated documents and correspondence) will be processed by Denbighshire County Council for the specific purposes of processing your Financial Assessment for contribution towards your Denbighshire County Council managed care and support plan under the Data Protection Act 2018. The Council will share your information where required to meet business or legal requirements.

If you feel that Denbighshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website, or by calling their helpline on 0303 123 1113. For further information about how Denbighshire County Council processes personal data and your rights please see our privacy notice on our website – <https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx>

For enquiries ring 01824 706392 or 01824 712403 or email fao.team@denbighshire.gov.uk