

**ANNUAL RE-ASSESSMENT CLAIM FORM – Domiciliary**

<b>NAME</b>							
<b>ADDRESS</b>							
<b>CASE PAPER NO.</b>							
<b>N.I. NO</b>							
<b>Are You (please ✓)</b>	Married		Widowed		Single		Other

**Please tick as appropriate: -**

- My capital is still in excess of the upper limit £24,000.00**
- I wish to pay the full cost, up to a max of £100.00, for the Services I receive from 05/04/2021**
- I have filled in this form as my capital is below £24,000.00 and I enclose details i.e. Bank Statements/Benefit letters to support this.**

Signed.....Dated.....

**PART 1 – ABOUT YOUR INCOME**

TYPE OF BENEFIT State Amount Paid Weekly <input type="checkbox"/> monthly <input type="checkbox"/> 4 weekly <input type="checkbox"/>	Applicant		Partner		Verified/Method
	£	p	£	p	
State Retirement Pension					
Pension Credit Guarantee Award					
Pension Credit Savings Award					
Severe Disablement Allowance					
Income Support					
Employment Support Allowance					
Widows Pension					
Attendance Allowance Lower <input type="checkbox"/> Higher <input type="checkbox"/> (please tick)					
DLA Care Lower <input type="checkbox"/> Middle <input type="checkbox"/> Higher <input type="checkbox"/> (please tick)					
PIP Lower <input type="checkbox"/> Higher <input type="checkbox"/> (please tick)					
DLA - Mobility <input type="checkbox"/> or PIP (mobility) <input type="checkbox"/> Lower <input type="checkbox"/> Higher <input type="checkbox"/> (please tick)					
War Widows Pension					
War Disablement Allowance					
Universal Credit					
Any other Benefit (please state)					

**PART 2 – OTHER INCOME**

Please tick one of the following weekly <input type="checkbox"/> monthly <input type="checkbox"/> 4 weekly <input type="checkbox"/> quarterly <input type="checkbox"/>	Applicant		Partner		Verified/method
	£	p	£	p	
Occupational/Private Pension					
Trust/Annuity Income					
Bonds					
Rent from Properties or Boarders					
Other Income (please state)					

**PART 3 – CAPITAL (please send proof of all savings)**

<b>CAPITAL</b>	<b>ACCOUNT NO</b>	<b>Applicant £ p</b>	<b>Partner £ p</b>	<b>Verified/Method</b>
Bank, Building Society				
National Savings Bank Acc				
Premium Bonds				
Income/Capital Bonds				
Investments; shares etc (Please state)				

**PART 4 – MONEY PAID OUT**

<b>State Amount Paid</b> Weekly <input type="checkbox"/> monthly <input type="checkbox"/> 4 weekly <input type="checkbox"/>	<b>Applicant £ p</b>	<b>Partner £ p</b>	<b>Verified/Method</b>
Council Tax			
Rent (Less Housing Benefit)			
Mortgage			
Private Care Costs			
Careline/Telecare			
Other Expenses – <b>please specify</b>			

**PART 5 – 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 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** \_\_\_\_\_

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

**RETURN THIS FORM TO:**  
**FINANCIAL INCOME ASSESSMENT TEAM**  
**DENBIGHSHIRE COUNTY COUNCIL**  
**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 further information please ring either 01824 706392 or 01824 712403 - Alternatively you can email us at:-  
fao.team@denbighshire.gov.uk***