

PART A – Questions (please tick YES or NO boxes as appropriate)

A1	Do you have capital and savings worth more than £23,250 in total? (excluding the value of any property or land that you own)
YES <input type="checkbox"/>	Please go to Part F overleaf
NO <input type="checkbox"/>	Please go to Part A2

A2	Do you want to pay the full cost of your care rather than tell us about your financial details?
YES <input type="checkbox"/>	Please go to Part F overleaf
NO <input type="checkbox"/>	Please complete Parts B, C, D, E and F

PART B – Income

	Benefits	Payment frequency	Amount
B1	Attendance Allowance	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Disability Living Allowance (DLA) (care component)	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Disability Living Allowance (DLA) (mobility component)	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Personal Independence Payment (PIP) (daily living component)	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Personal Independence Payment (PIP) (mobility component)	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	State Retirement Pension	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Incapacity Benefit / Severe Disablement Allowance (SDA)	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Employment and Support Allowance (ESA)	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Universal Credit	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Pension Credit - Guarantee Credit	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Pension Credit - Savings Credit	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
	Other benefit (please specify):	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
B2	Occupational and private pensions	Payment frequency	Amount
	Please send us evidence of these payments (for example, a bank statement or pension statement).		
	Provider:	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
Provider:	Weekly / 4 Weekly / Monthly Quarterly / Annually	£	
B3	Other sources of income	Payment frequency	Amount
	Please send us evidence of these payments (for example, a bank statement or pension statement).		
	From:	Weekly / 4 Weekly / Monthly Quarterly / Annually	£
From:	Weekly / 4 Weekly / Monthly Quarterly / Annually	£	

PART C – Capital and Assets (please tick YES or NO boxes as appropriate)

Please provide the details of all your savings, bonds and other assets. If you have an investment bond that includes life insurance, please note this and provide a copy of the policy document. If you have had capital over £10,000 in the last year please send us copies of your bank statements and passbooks, etc.

C1	Bank / Building Society / Company	Type of Account / Investment	Current Balance / Value		✓ If Joint
			£		
			£		
			£		
			£		

C2	Shares	Type	Number	Value	
					£
				£	
				£	

C3 Please tell us the names of anyone that you have a joint account with:

C4 Do you own or jointly own any land, or property that you are not living in? **YES** / **NO**

PART D – Housing expenses

Please provide details below of the total household expenses that you actually pay after benefit has been deducted. Please send us evidence of these payments (for example, a bank statement or rent statement).

D1		Total amount	How often do you pay this?
		Council Tax	£
	Rent (do not include services charges or support charges)	£	
	Mortgage	£	

D2 Please tell us the names and dates of birth of any dependent children who live with you:

PART E – Disability Related Expenses (please tick YES or NO boxes as appropriate)

We are able to ignore some of your income if you have to spend it on things that you would not have to pay for if you did not have your illness or disability. The next form is to help you to work out what, and how much, your disability related expenses are.

We automatically allow everyone £25.00 per week for their DRE, so you only need to tell us about your DRE if you think that you might spend more than £25.00 per week on these things.

E Are your disability related expenses more than £25.00 per week? (please tick as appropriate)

YES Please go to **Part F** below, and fill in following DRE form NO Please sign **Part F**

PART F – Declaration

I declare that, to the best of my knowledge, the information provided on this form is correct.

Signature: _____ Date: _____

If you have signed this form on the customer's behalf please print your name and relationship to them here:

Name: _____ Relationship: _____

DISABILITY RELATED EXPENSES (DRE)

Additional money that you have to pay because of your illness or disability

If someone else shares your home with you, you will need to tell us why they are not able to help you with some of the things on this list (for instance, gardening).

Please note we cannot consider any expenses you have that are already covered by services or money provided by Adult Care Services or the NHS.

Please continue on a separate sheet if required.

HELP IN YOUR HOME

Type of help	Please explain why you need this help	Who do you pay to do it?	How much do you pay?	How often do you pay for this?
Help to clean your home			£	Weekly / Monthly / Yearly / Other (please specify)
Help with your garden			£	Weekly / Monthly / Yearly / Other (please specify)
Window cleaning			£	Weekly / Monthly / Yearly / Other (please specify)
Community alarm			£	Weekly / Monthly / Yearly / Other (please specify)
Other private care and support			£	Weekly / Monthly / Yearly / Other (please specify)
Do you need to do extra loads of washing? Please tell us why, and how many loads you need to do in an average week.			No. of loads:	Weekly

If you feel that you pay more towards your heating and electricity bills because of your illness or disability, please send your last 12 months' bills. We will compare these to some nationally agreed figures.

Please circle the type of property you live in: -

Detached

Semi-detached

Terrace

Bungalow

Flat

Bedsit

YOUR HEALTH AND PERSONAL WELLBEING

Please explain why you need this

How much do you pay?

How often do you pay for this?

Continence aids

£

Weekly / Monthly / Yearly / Other (please specify)

Normally incontinence pads are provided by the NHS. Please explain why you need to pay for these.

Chiropody

£

Weekly / Monthly / Yearly / Other (please specify)

Special toiletries

£

Weekly / Monthly / Yearly / Other (please specify)

Prescription costs

£

Weekly / Monthly / Yearly / Other (please specify)

Personal grooming (e.g. support with washing hair, cutting nails)

£

Weekly / Monthly / Yearly / Other (please specify)

Physiotherapy

£

Weekly / Monthly / Yearly / Other (please specify)

Other therapies

£

Weekly / Monthly / Yearly / Other (please specify)

Other things that help your wellbeing

£

Weekly / Monthly / Yearly / Other (please specify)

Replacement clothing

£

Yearly

GETTING AROUND

If you receive Disability Living Allowance or Personal Independence Payment mobility component, please note that we will only allow expenses above the amount you get.

Do you have a Motability vehicle? (Please tick)

Yes

No

Do you have to pay transport costs that are more than they would be if you did not have your illness or disability?

Type of expense	Please explain why you need this	How much do you pay?	How often do you pay for this?
		£	Weekly / Monthly / Yearly / Other (please specify)
		£	Weekly / Monthly / Yearly / Other (please specify)
		£	Weekly / Monthly / Yearly / Other (please specify)

FOOD

	Please explain why you need this	How much do you pay?	How often do you pay for this?
Meals on Wheels		£	Weekly / Monthly / Yearly / Other (please specify)
Frozen ready meals delivery		£	Weekly / Monthly / Yearly / Other (please specify)
Meals at a day centre		£	Weekly / Monthly / Yearly / Other (please specify)
Internet order delivery charge		£	Weekly / Monthly / Yearly / Other (please specify)
Special diet		£	Weekly / Monthly / Yearly / Other (please specify)

DISABILITY EQUIPMENT

Have you recently paid for any specialist disability equipment? If so, please tell us what you paid for and when.

Description of this item	How much did you pay?	When did you pay for this? (Please specify)
	£	Weekly / Monthly / Yearly / Other (please specify)
	£	Weekly / Monthly / Yearly / Other (please specify)
	£	Weekly / Monthly / Yearly / Other (please specify)

Do you have to pay for the cost of replacing or repairing your equipment yourself?

Description of this item	How much do you pay?	How often do you have to replace this item? (Please specify)
	£	
	£	
	£	

Do you have any specialist disability equipment that you have to pay insurance or service costs for?

Description of this item	How much do you pay?	How often do you pay for this? (Please specify)
	£	
	£	
	£	

YOUR HOBBIES AND LEISURE ACTIVITIES

In certain circumstances we may be able to consider the cost of some of your hobbies and leisure activities as DRE. However, we can only consider things that are directly linked to your illness or disability, that you would not be paying out for if you did not have your illness or disability.

An example of this could be that someone who is unable to leave their house due to serious illness uses the internet to connect with their family and friends, and may pay for this as part of a TV and broadband package.

Type of hobby or leisure activity	Please explain why you need this	How much do you pay?	How often do you pay for this?
		£	Weekly / Monthly / Yearly / Other (please specify)
		£	Weekly / Monthly / Yearly / Other (please specify)
		£	Weekly / Monthly / Yearly / Other (please specify)
		£	Weekly / Monthly / Yearly / Other (please specify)
		£	Weekly / Monthly / Yearly / Other (please specify)

LEGAL CHARGES

Do you have to pay someone to manage your money or your personal affairs for you?

Who do you pay?	Please explain why you need this	How much do you pay?	How often do you pay for this? (Please specify)
		£	
		£	

ANY OTHER DISABILITY RELATED EXPENSES YOU MAY HAVE

What do you have to pay for?	Please explain why you need this	Who do you pay for this?	How much do you pay?	How often do you pay for this?
			£	Weekly / Monthly / Yearly / Other (please specify)
			£	Weekly / Monthly / Yearly / Other (please specify)
			£	Weekly / Monthly / Yearly / Other (please specify)
			£	Weekly / Monthly / Yearly / Other (please specify)