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**Social Work Services**

**Application for Exemption of Social Care Charges**

**Please complete this form as fully as possible and return to the Charging Team, Social Work Services, The Foundry, 4 Central Boulevard, Central Park, Larbert, FK5 4RU. This will assist the Charging Team to decide whether you are exempt from being charged for the social care services you receive.**

**Personal information Service User Ref No / LAS (*office use only)***

|  |  |
| --- | --- |
| Please tick relevant box | New referral Change of circumstances |
| Title | Mr Mrs Miss Ms Other |
| Name |  |
| Address  (line1) |  |
| Address  (line 2) |  |
| Post Code |  |
| Telephone Number |  |
| Date of birth |  |
| National Insurance Number.  ( We may need this to assess any charges ) |  |

**Services you have been assessed for**

Please tick any of the following boxes that apply to you:

|  |  |  |
| --- | --- | --- |
| Non-Personal Care & Support | MECS  (Emergency Alarm) | Day Care |

**Income that you receive (do not record any income paid to your partner, if you have one, unless it is intended for you.)**

Please tick all of the following boxes that apply to you:

I do not wish to disclose information and agree to pay the full charge for services without a financial assessment.

I would like the Charging Team to carry out a Welfare Benefits check to establish any entitlement to extra benefits – **see consent section, paragraph 3.**

I receive Universal Credit or Employment & Support Allowance Amount: £

***(Please circle which)*** *Select frequency: / fortnightly / monthly*

I receive Independent Living Fund (ILF) payments

|  |  |  |  |
| --- | --- | --- | --- |
| I receive Disability Living Allowance (DLA) (**Care**) **OR** | Low Rate | **Or** Middle Rate | **Or** High Rate |

|  |  |  |
| --- | --- | --- |
| I receive Personal Independent Payment (PIP) (**Daily Living**) **OR** | Standard Rate | **Or** Enhanced Rate |
| I receive Adult Disability Payment (ADP) (**Daily Living**) | Standard Rate | **Or** Enhanced Rate |
| **OR** I receive Attendance Allowance | Low Rate | **Or** High Rate |

*(We do not require details of DLA / PIP / ADP mobility awards)*

I receive Pension Credit Amount £

Select Frequency: Weekly/4 weekly

I receive State Retirement Pension Amount £

Select Frequency: Weekly/fortnightly/4 weekly

I receive a Private Pension Amount £

Select Frequency: Weekly/4 weekly/monthly

I receive a Work/Occupational Pension Amount £

Select Frequency: Weekly/monthly

Please record any additional income or Amount £

Welfare Benefits received Select Frequency: Weekly/monthly

***Please delete one of the following paragraphs as required:-***

I do not wish to wait for the outcome of my application for exemption from charging. I understand that I will be charged for any chargeable services that I choose to start before my application for exemption has been assessed. I also understand that should I be exempt from charges any amounts paid will be refunded.

I wish to wait for the outcome of my application for exemption from charging before starting any chargeable services.

**Consent to share information *(delete as appropriate)***

1. I agree that personal and financial information I have provided to Falkirk Council’s Social Work Services on this form or subsequently may be shared with the Council’s Community Advice Team, Revenues and Benefits, the Department for Work and Pensions, and other partners for the purpose of assessing benefit entitlement.
2. Where I have already provided personal and financial information to the Department for Work and Pensions for the purpose of assessing benefit entitlement, I consent to its disclosure to Falkirk Council for the purpose of income maximisation. I also agree that such information may be passed between Falkirk Council and the Department for Work and Pensions on a continuing basis.
3. **Where Falkirk Council’s Welfare Benefits Team already holds information about any benefits received by me:**
4. **I authorise the disclosure of that information to Social Work’s Charging Team so that a benefit entitlements check can be carried out.**
5. **I authorise Social Work’s Charging Team to share information with the Welfare Benefits Team should I subsequently receive additional benefits.**
6. **I authorise the Welfare Benefits Team to share information with Charging Team should I subsequently receive additional benefits.**

I understand that I may withdraw my consent to the disclosure of such information by notifying in writing to either of the parties named above. Falkirk Council, Social Work Service, The Foundry, 4 Central Boulevard, Central Park, Larbert, FK5 4RU and the Department for Work and Pensions, Anniesland JCP, 21 Herschell Street, Glasgow, G13 1HT.

I confirm I have received the Charging Information leaflet and the Application for

Exemption of Social Care Charges form from

………………………………on…………………….

*(Name – Falkirk Council staff member )* *(Date)*

Signed: …………………………………………… Date: ……………………

Name in capitals: ………………………………………………

**If signing on behalf of the service user, please provide the following information:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to the service user |  |
| Your authority to sign, e.g. Power of Attorney, Appointee, Representative. |  |
| Contact Details  (Full Address inc Postcode) |  |
| Contact phone number |  |
| Please tick relevant box | Charging Correspondence should be sent to me    Charging Correspondence should be sent to  the service user |

Your privacy is important to us. We process your personal data in line with our obligations under data protection legislation. You can find our privacy notice for Social Work Adult Services at https://www.falkirk.gov.uk/privacy/social-care-health/adult-services.aspx