

**Appointee Financial Review**

| <b>Personal Details</b>  |                       |
|--|-----------------------|
| Name:  | DOB:                  |
| Address:   | Mosaic Ref:           |
| Telephone Number:  | Other contact number: |
| Name/Designation of Reviewer:  |                       |
| Address:   |                       |
| Telephone Number:  |                       |
| E-mail:  |                       |
| Date of Review:  | Date of last Review   |
| Type of accommodation (please tick):<br><br>Council Tenant<br>Private Tenant<br>Housing Association Tenant<br>Hostel<br>Sheltered or Extra Care<br>Supported Living – shared homes |                       |

Nursing Care

Registered Care Home

Long Term Hospital

Other (please provide detail):

| People known to the individual |                   |     |
|--------------------------------|-------------------|-----|
| Name                           | Relationship/Role | Tel |
|                                |                   |     |
|                                |                   |     |
|                                |                   |     |

|                                  |                              |
|----------------------------------|------------------------------|
| Were they seen alone? : Yes / No | If No, who else was present: |
|----------------------------------|------------------------------|

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|--|-----------------|
| <p>Please provide a description of the individual's accommodation.</p> <p>Are there any concerns about their living conditions? Yes/no</p> <p>How could these be improved?</p> <p>Are they happy with their accommodation?</p> <p>If not, what changes would they like?</p> <p>Is the condition of the property up to a reasonable standard?</p> | <b>Comments</b> |
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| Do they require any aids or adaptations that they may not be eligible for through statutory or other sources of funding? |
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**FINANCIAL INFORMATION:**

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| <p>How is the care being funded?</p> <ul style="list-style-type: none"> <li>• Local Authority statutory funding</li> <li>• Sec 117</li> <li>• CHC</li> <li>• Client paying full cost (care is contracted by local authority)</li> </ul>  |                 |
| <p>Is the individual receiving all the benefits they are entitled to: Eg PIP/DLA (Residential)<br/>PIP/DLA/ESA/AA (Community)</p>  |                 |
| <p>Verification of financial transactions from PFS bank accounts (where applicable, please provide comment/detail):</p> <ul style="list-style-type: none"> <li>• Check Personal Expenditure account for income and expenditure &amp; note balance held on account.</li> <li>• Check that income matches with PFS financial transactions. Do receipts tally?</li> <li>• Is the Personal Allowance provided adequate and being spent appropriately? Please give examples of how it is being spent to benefit the individual.</li> <li>• Check income &amp; expenditure sheets held by Provider (care agency) for the last 12 months</li> </ul> | <p>Comments</p> |
| <p>Check PFS bank transactions for any irregularities or lack of income.</p>   |                 |

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| <p>Do they require a copy of the financial statement?</p>   |  |
| <p>Has the individual, care provider or visitor identified a need for any other expenditure to improve quality of life (eg holidays/outings/travel/activities) or expenditure for items for their home or for personal needs?</p>   |  |
| <p>Have there been any requests for gifts to be made to family or friends or donations to charity?</p> <p>Any requests for any other payments to a third party?</p> <p>Does the individual want to have responsibility for their own money (for example, if they want to have cash to spend themselves?).</p> <p>If so, how is this managed and recorded?</p> |  |
| <p>Do they have a Will?</p> <p>If not, could this be arranged?</p>  |  |

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| <p>Do they have any jewellery, important financial documents or other valuables?</p> <p>Is there an itemised list?</p> <p>Where are these items kept?</p> |  |
| <p>Do they have a Funeral plan or bond arrangements?</p>  |  |
| <p>Have they made their funeral wishes clear?</p> <p>Burial/Cremation or other?</p>   |  |
| <b>Concerns</b>   |  |
| <p>Have there been any unsolicited visitors or cold callers?</p> <p>Any nuisance phone calls?</p> <p>Are they receiving vast amounts of junk mail?</p>    |  |
| <b>Principle of Mental Capacity Act:</b>  |  |

In your view has there been any change in the individual's mental capacity?

Do they still require an Appointee?

If so, are there any other suitable people who could be asked to act as Appointee?

**Conclusion:**

**Reviewer's Signature:**

**Date:**

**FOLLOW UP ACTIONS**

**Recommendations**

**Actions to be taken**

**By whom**

**By when**

| Recommendations | Actions to be taken | By whom | By when |
|-----------------|---------------------|---------|---------|
|                 |                     |         |         |
|                 |                     |         |         |
|                 |                     |         |         |