

Adult Social Care & C&I Foundation Trust

Internal Application to the Personal Financial Service for LB Camden to manage the finances for residents that have been assessed under the MCA 2005 legislation.

Definitions

Corporate Appointee appointed by Department of Work & Pensions DWP benefits income management and compliance to LB Camden management of customer's finances.

Deputy for Property and Affairs appointed by Court of Protection and monitored by the Office of the Public Guardian

Legal access to external bank accounts, private pensions, legal representation to sign documents, set up & sell investments, open & close tenancy agreements and make financial decisions on the customer's behalf.

What Matters : Section 5

It is essential this box is completed to demonstrate What matters to the person now and how they will continue to be able to enjoy lifestyle/activities/personal choices.

Relationships: Section 3

It is essential to provide 3 notifiable parties for any potential Court of Protection applications: If no NOK/friends then GP, Care Manager etc will be acceptable.

PFS comments & Actions

Please remember that we rely solely on the information you provide to process this application. Please make sure the answers are accurate and provide all the details needed, along with any supporting evidence, to avoid any possible legal implications or delays in processing this application.

This application will be rejected if the completion of this form does not meet the required standards.

Section 1 – Customer details

It is essential that **all sections** be completed – do not leave any blank

Title					
Surname	KNOWN AS				
First Name(s)	MIDDLE NAME OR KNOWN BY ANOTHER NAME				
Status	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>
Spouse's name					
Maiden name					
Spouse's date of death	Is there an Estate to be administered?				
Date of birth		Place of birth			
Proof of Immigration Status	DWP require this for benefits	Do they have a 'right to remain'?	Check with Home Office		
Copy of Birth Certificate is required for ID validation with DWP and Bank					
Religion	xxx Important for end of life funeral administration xxx				
MOSAIC No	name on MOSAIC if using 'Nick name' or alias				
N.I. No					

Current address	Postcode	Date moved to
Hospital		Date of admission
Residential care home		Date of admission

Previous permanent address	Postcode			
Will the customer be discharged (home)?	Awaiting decision <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date if known
Will the customer be admitted to residential accommodation?	Awaiting decision <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date if known
Will the customer be admitted to supported living?	Awaiting decision <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date if known
Has customer been admitted to hospital in the last year?	Date and reason			

Council tenancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the tenancy been terminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of termination and by whom		

Private dwelling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the tenancy been terminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of termination and by whom		
Type of tenancy please delete	Single	Joint

Landlord's name and full address	
---	--

Copy of current tenancy agreement is required to comply with OPG standard

If yes please attach the tenancy agreements

Is a Court of Protection (COP) declaration required to terminate the tenancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

NB Social workers can apply to the Court of Protection to end tenancies prior to PFS casework. This avoids customers accruing rent arrears unnecessarily. Refer to practice guidance on how to complete an application to the Court of Protection. The closure of tenancy then needs to be signed off by the Director ASC once the Court Order is sealed.

Personal Property

Have any items or money been removed from the property by your team?

Yes

No

Please list – for example: passport, driving license, birth certificates, insurance policies, jewellery.

Item	Where is it held	Date obtained
Approximate values needed for insurance cover		

Safeguarding

Has there been a safeguarding alert/referral?

Yes

No

Please state safeguarding alert outcome.

Last will and testament

Tick if applicable

Has a discussion taken place with the Customer regarding end of life wishes?

Yes

No

Has an advanced decision been made?

Yes

No

Please give details:

Does the resident wish to be Buried or cremated?

Yes

No

Has a Funeral plan/Bond been arranged or could be?

Is there a will? If not check Testamentary capacity to do one.

Yes

No

Is there a solicitor? If Yes are they still practicing?

Yes

No

Are you aware of any connections with a religious organisation?

Yes

No

If there is a will where is it kept?

Section 2 – Reason for application

Medical / psychiatric diagnosis and level of impairment

Please give details:

--

Medical/psychiatric report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of report:		
COP3 report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of report:		

The original reports must be attached to support this application.

Please provide a brief description of the customer's situation and why management of their finances is being requested. Including why it is in the customer's best interest for the finances to be managed by the Council as a last resort.

The Best Interest & MCA recording forms must be attached to support this application.

--

Section 3 – Relatives/Friends

Relatives

It is normally expected that customers unable to deal with their own finances will be assisted by their relatives or a Solicitor (Solicitor engaged by family to act in the first instance). Signpost relatives to GOV.UK for support and information. Social Workers/care manager/CPN/OT should satisfy themselves that the relatives cannot or will not assist, and obtain a written statement from any relative stating they are unable or unwilling to act on behalf of the customer, or alternative arrangements not possible prior to applying for appointee ship/deputyship. If a customer has over £23250 or lives in their own occupied property the case should be referred to Legal Services for a Panel Deputy to be appointed.

A copy of the relative disclaimer should be attached to this form

Who is currently managing the customer's finances? Is there an Appointee or Attorney appointed?

Details:

Have attempts been made to assist customer with managing their financial affairs?

Dates

Yes

No

Action/ alternatives explored?

Family relationships

Full Details of significant relationships and NOK (even if there is no contact) .

Please provide the name, address and telephone number of all significant relatives or friends who have close contact with the customer.

Relative/Friend	Name and address	Amount of contact with the customer

Section 4 – Finances

Please provide copies of DWP/Job Centre Plus document's confirming benefit received as income. Has welfare rights or Job Centre plus/Pension Service , Disability been contacted to maximise benefits ? Disability benefits can be claimed prior to financial case management.

DWP Benefits

Tick if applicable

Retirement Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attendance Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ESA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DLA/PIP(Care)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Universal Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DLA/PIP (Mobility)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pension Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are there any outstanding benefit claims?

Yes

No

Please provide more information

--

Private Income

Tick if applicable

Trust Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Private pensions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Annuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Capital Bank Statements needed to support these details

Bank Details	Bank Sort Code	Bank A/C Number	Balance held

Other

Tick if applicable

Premium Bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dividends	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Savings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Investments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trust Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other		

Expenditure

Please make sure that all relevant companies are informed prior to this application for appointment and passwords set up for PFS contact.

	Company name
Rent	
Council Tax	
Electricity	
Gas	
Telephone	
Television	
Water Rates	
Care Charges	
Insurance	
Loans	
Hire Purchase	

Funding streams

Is the Customer subject to Sec S117 Funding? Please provide evidence giving dates of section agreement and for how long it covers.

Yes

No

Is the customer the responsibility of Continuing Health Care?

Yes

No

Provide evidence of Sec3 and Sec 117 aftercare funding or CHC agreement and whether it is lifetime or due for re-assessment.

Details	Date from

Debt recovery

Please ensure that contact is made with the Awards & Contributions team to obtain any outstanding debt information.

Please provide details of any known outstanding debt.

Detail your checks with ACT, Rents, Housing Benefits and Council Tax.

What action has been taken to recover this debt?

Has the customer received a personal allowance loan from business support?

Yes

No

Section 5 – What Matters: Financial care plan

Consider what matters to the person, and how we will ensure that they will continue to be able to use their resources to do the things that matter to them

Support worker (if any)

Address

Arrangements for paying regular bills (Rent, Council Tax, Gas Electricity)

Arrangements to ensure the purchase of food, clothing, personal items and expenditure. Please explain these arrangements in detail – who will do this, when, how?

Personal allowances

Weekly amount

Proposed collection centre/office

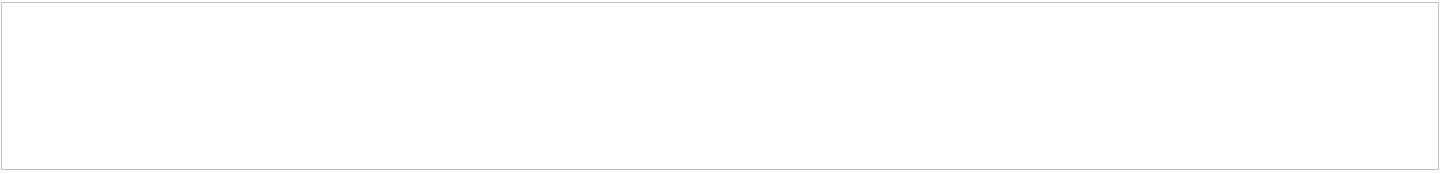
Tick if applicable

Post Office voucher scheme: Carer or customer to collect?

Carer – Familiarize ID procedures and collection points available

Customer- Risk assessment carried out around ability to manage the process

Other – please give details eg standing order to Care Home or Provider



Section 6 – Have you attached?

Please check you have attached the following documents where relevant.

Document	Yes	Not applicable
Tenancy agreement	<input type="checkbox"/>	<input type="checkbox"/>
Medical / psychiatric report	<input type="checkbox"/>	<input type="checkbox"/>
COP 3 report	<input type="checkbox"/>	<input type="checkbox"/>
Best Interest form	<input type="checkbox"/>	<input type="checkbox"/>
MCA recording form	<input type="checkbox"/>	<input type="checkbox"/>
Written statement from relatives	<input type="checkbox"/>	<input type="checkbox"/>
DWP/Job Centre Plus benefits documents		
Birth certificate		
Bank statements		
Investment evidence		
Land Registry		
Income and expenditure summary		

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

Section 7 – Authorisation

Has the customer been informed about the system for appointee ship/deputyship/COP and are they able to support these arrangements?

Yes

No

Responsible Team

Specific Team details and Duty number eg S&S neighborhood team

Signed

Social worker

Name (please print)

Email address

Date

Tel

Signed

Line manager

Name (please print)

Date

Tel

Signed

PFS Service Manager

Name (please print)

Date

Tel

Approved by Head of Service
S&S/CIFT/CLDS/
CYPDS

Name (please print)

Date