



Assessment of Charges and Income Maximisation Form

Service User's Name:

Address: (please
include post code)

Telephone Number:

Email:

National Insurance No:

Date of Birth:

1. Other People Living in your Household

Name

Relationship

Date of Birth

2. Benefits and Other Income

(Please include evidence where appropriate such as a bank statement or a DWP letter)

Type of Income / Benefits

You (£)

**Your Partner /
Spouse (£)**

**Frequency: Weekly,
4 weekly, Monthly**

Universal Credit

Employment & Support Allowance (ESA)

Income Support

Disability Living Allowance (DLA) /
Personal Independence Payment (PIP)

Disability Living Allowance (DLA) /
Personal Independence Payment –
Mobility (PIP)

Attendance Allowance

State Pension

Pension Credit

Occupational Pension

Tax Credits

Carers' Allowance

2. Benefits and Other Income (continued)

Type of Income / Benefits	You (£)	Your Partner / Spouse (£)	Frequency: Weekly, 4 weekly, Monthly
Widows' Benefits			
Wages			
Self-employed Income			
Any Other Income (please specify)			

3. Savings, Capital, Investments

eg Bank Accounts, Post Office Accounts, Shares, Bonds etc *(please include evidence)*

Bank / Company	Account	You (£)	Your Partner / Spouse (£)
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4. Expenditure and other Costs

(Please include evidence where appropriate such as a bank statement)

	Your Contribution / Cost incurred	Frequency: Weekly, 4 weekly, Monthly
If you own your home, what are your mortgage costs / contribution? (Include interest payments)		
If you rent your home, how much rent do you pay / contribute?		
Do you receive, or have you claimed, any Housing Benefit?		
Do you pay Buildings /Contents insurance?		
Do you pay Council Tax at your home address?		
Disability Related Expenditure (DRE) if applicable, please provide details on DRE sheet (pages 3 and 4). DRE is not applicable if you reside in Residential Accommodation.		

What is Disability Related Expenditure (DRE)?

EDC's Charging Policy 26/27 has been updated to incorporate Disability Related Expenditure (DRE) as part of the Financial Assessment process.

DRE is the financial cost incurred on items and services, outwith regular outgoings, that helps a service user manage or cope with a disability or a long-term health condition. It is expenditure that EDC may recognise as an 'outgoing' when we do a financial assessment to find out how much a service user can afford to pay towards their care and support.

When claiming DRE, costs and supporting evidence are required to be detailed. A service user must provide detailed costs, bills, invoices, or statements to support their claim. If supporting evidence is not provided, EDC will use discretion to decide if a claim is reasonable.

EDC will only allow DRE if this is identified in your Care Needs Assessment and supported by a Care Manager. Only costs incurred within the current financial year will be considered.

Examples of DRE:

- Claims for additional gas and electricity usage due to disability will require utility bills to be submitted, preferably for a full year.
- Allowances for special equipment that is required due to a disability or condition will be based on the life span of the equipment and either the purchase price that was paid or a lower cost alternative, if it is believed would be reasonable to meet the service users identified needs.
- If there is maintenance of equipment - we will make an allowance for this in our financial assessment.
- Transport costs – Only costs over and above the DLA / PIP / ADP (Adult Disability Payment) Mobility Component payment that is received will be considered.
- Specialist dietary requirements – this is the cost over and above regular food expenditure.
- Clothing / bedding / toiletries – if these are required to be replaced more often than regular wear and tear due to disability, confirmation required from Care Manager.
- Disability clubs and activities will require confirmation from Care Manager that service is not provided as part of overall care and support package, Care Manager will also require to confirm benefit of attendance to service user.
- Costs for disability related services that support the whole household (eg a Cleaner) will be shared equally between all adults in the household (unless service user has a good reason for us to consider a different way of sharing costs).

Items not classed as DRE:

Please note that regular outgoings will not be considered as DRE, such as housekeeping if living with parents / guardians, food, broadband, mobile phone, clothing after regular wear and tear.

DRE Item	Evidence required	Details	Frequency	Cost
Additional gas usage	latest gas bills, ideally for full year			
Additional electricity usage	latest electricity bills, ideally for full year			
Clothing replaced due to disability	receipts or highlighted on bank statements			
Bedding replaced due to disability	receipts or highlighted on bank statements			
Specialist toiletries	receipts or highlighted on bank statements			
Travel costs over and above DLA / PIP /ADP Mobility Component	receipts or highlighted on bank statements			
Disability clubs or activities agreed with Care Manager.	receipts or highlighted on bank statements			
Replacement items due to breakages	receipts or highlighted on bank statements and confirmed by Care Manager			
Care and support not provided through budget	details of service and costs incurred, must be supported by Care Manager			
Additional cleaning costs due to disability	receipts or highlighted on bank statements			
Special Dietary requirements	receipts or highlighted on bank statements			

If you feel that you have any other costs incurred due to your disability that help you to live independently, please detail these DRE items below. If there is not adequate space to provide evidence of why you think the above or below expenses are specifically disability related, please use the following page. Any additional information / evidence you can provide will help in our decision making.

DRE Item	Evidence submitted	Details	Frequency	Cost
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Please note that, if you fail to disclose any information, you may be charged the full amount of your service depending on your financial circumstances.

Additional information

Please use this space to provide any additional relevant information in support of your DRE claim.

5. Contacts: Please give details of Power of Attorney, Guardian, Appointee for benefits

Please tick box below as appropriate for Powers Held	Name and Address	Telephone Number/ Email Address	Relationship
Power of Attorney			
Guardian			
Appointee			
Financial Advisor			
Legal Rep			
Person helping with your financial affairs			
Person that invoices and correspondence should be sent to, if not to service user directly			

The Council is under an obligation to manage funds properly. Accordingly, information that you provide will be used to ensure that all sums due to the Council are paid timeously e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of Benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations, which handle public funds.

This authority is under a duty to protect the public funds it administers and, to this end, will use the information you have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see East Dunbartonshire Council's website (www.eastdunbarton.gov.uk) under GDPR / Privacy Statement or contact Transactional Finance on sharedservices.transactionalfinance@eastdunbarton.gov.uk

I understand that I may be required to contribute to the cost of my care and I confirm that the information provided is a true statement of my current financial affairs. I undertake to report immediately to Social Work Services, any changes in my circumstances and authorise the Department to approach my legal and/or financial advisor for clarification of the information I have given.

Date:

Date _____

or email to sharedservices.transactionalfinance@eastdunbarton.gov.uk

Please contact the Council on 0300 123 4510

7 अनुमोदित करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन करें।