

**Saint Cecilia’s Financial Assessment for Care Fees**

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| As part of our commitment to providing transparent and high-quality care services, we require that this form is completed for all new residents at Saint Cecilia’s Care Group. We will also use this information to assess your finances and ensure that you are in receipt of all the financial support you are entitled to from North Yorkshire Council. We will also assess the level of funds you hold and ensure that your assets down not fall below the threshold of £23,250 (the level at which you are required to pay for your care). We can provide advice on funding support if anticipate your assets will fall below this level.This form should be filled out by an individual who the necessary permissions and sufficient knowledge of the residents personal information and financial history. |

**Want to complete this form online?** Find it on the Useful Links page at www.stcecilias.co.uk

Please send completed forms to: finance@stcecilias.co.uk or post to Saint Cecilia’s, 1 Eastway, Scarborough, North Yorkshire, YO11 3LS

**Section 1: Personal Information**

|  |  |
| --- | --- |
| Full Name of resident (include middle names): |  |
| Any previous names: |  |
| Date of Birth: |  |
| Telephone number: |  |
| Current address:Address Line Address Line 2Town |  |
| County: |  |
| Post code: |  |
| Date To: |  |
| Date From: |  |

Please list any addresses lived in the past 10 years including dates:

|  |  |
| --- | --- |
| Property 1  | Property 2 |
| Address Line |  | Address Line |  |
| Address Line 2 |  | Address Line 2 |  |
| Town |  | Town |  |
| Post code: |  | Post code: |  |
| County: |  | County: |  |
| Date From: |  | Date From: |  |
| Date To: |  | Date To: |  |

**Section 2: Financial Details**

|  |  |
| --- | --- |
| Income: |  |
|  |  |
| Pension*:*  | £ |
| Frequency (week/month/year): |  |
| Other Regular Income (e.g., benefits):  | £ |
| Frequency (week/month/year): |  |

|  |  |
| --- | --- |
| Capital (Savings, Investments, Assets): |  |
|  |  |
| Savings Accounts*:*  | £ |
| Owned solely or jointly? |  |
|  |  |
| Investments: (stocks, shares, bonds, endowments):  | £ |
| Owned solely or jointly? |  |
|  |  |
| Main Residential Property Value (if owned):  | £ |
| Owned solely or jointly? |  |
| Do you have any dependents living at the address: |  |

**Other properties**

Please list any other properties you own either solely or jointly:

|  |  |
| --- | --- |
| Property 1  | Property 2 |
| Address Line |  | Address Line |  |
| Address Line 2 |  | Address Line 2 |  |
| Town |  | Town |  |
| Post code: |  | Post code: |  |
| County: |  | County: |  |
| Date From: |  | Date From: |  |
| Date To: |  | Date To: |  |

|  |  |
| --- | --- |
| Property 3 | Property 4 |
| Address Line |  | Address Line |  |
| Address Line 2 |  | Address Line 2 |  |
| Town |  | Town |  |
| Post code: |  | Post code: |  |
| County: |  | County: |  |
| Date From: |  | Date From: |  |
| Date To: |  | Date To: |  |

|  |  |
| --- | --- |
| Other Assets: | £ |
| Please explain what these are: |  |

|  |  |
| --- | --- |
| Outstanding Debts: |  |
| Mortgage | £ |
| Other debts | £ |

**Section 3: Declaration of Accuracy:**

Confirmation

I hereby confirm that all the information provided in this form is accurate and correct to the best of my knowledge. I understand that I will be liable for any false information provided, or required information omitted, if it impacts the financial funding arrangements.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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