

PROPERTY INFORMATION ACKNOWLEDGEMENT

Section 1 – Details of person moving into residential or nursing care

Mr/Mrs/Ms/other First names.....
Surname Preferred Method of contact: Telephone /Email / Post
Contact Details

Section 2 – Details of representative (if relevant)

Mr/Mrs/Ms/other First Name/s.....
Surname
Address.....
..... Postcode.....
Telephone..... Date of birth/...../.....
Email

Relationship to person named in Section 1 (e.g. son, daughter, solicitor)

Do you have legal authority to act on behalf of the person named in Section 1?

Yes No

If YES, please tick the relevant box below to indicate the authority you have and provide evidence of your authority, e.g. full Power of Attorney document, when returning this document:

Power of Attorney Deputyship

SECTION 3 - Details of your former home

Address
..... Postcode

Does anyone else live in this property?

If YES, please provide the following information:

Name	Age	Relationship to you	Date Moved into the property

Important note:

If the person entered above is your partner and they intend to remain living in the property please go straight to 'Section 5- Additional Property or Land'.

SECTION 4 – Further Information about your former home

Do you own the property mention in Section 3? Yes No (please go to section 5)

If YES, please tick the relevant box

I am the sole owner

I own it with someone else, please state name/s and percentage/s owned;

.....
.....

It is held as: Jointly Owned Tenants in Common*1 in Trust*2

*1- If the property is owned as tenants in common and the property was Willed by the co-owner and the co-owner has passed away, please provide a signed full copy of the Will

*2- Please provide signed full copy of the Trust document)

What type of property is it? (please tick relevant one)

Flat Terraced Detached Bungalow
 Semi-detached Other (please state).....

How many bedrooms/bathrooms are there?

When did you buy your home?..... Price paid £.....

Estimate of current value £ (if you have a valuation please a copy provide this)

Is your home mortgaged or have you taken out an equity release against the property?

Yes (mortgage) Yes (equity release) No

If YES, please tell us the amount outstanding £.....

(Please provide a Current Mortgage or Equity Release Statement)

Is the property currently

Unoccupied If so, since when

Rented If so, since whenRental Amount: £..... Per

Is the Property for sale? Yes (if yes answer below) No (go to section 6)

Is the property sold subject to contract? Yes (if yes answer below) No (go to section 6)

Who is the Estate Agent? Agreed sale price? £.....

Planned Completion date Who is the Solicitor dealing with Sale?

SECTION 5- How do you plan to pay for the cost of Care

Is a Deferred Payment Agreement something that you wish to be considered for?

- Yes
- No

Please note you will be liable for the full cost of the placement if you do not enter a Deferred Payment Agreement and you have been in a long term placement for longer than 12 weeks, either privately or funded by the local authority.

SECTION 6 – Additional Property or Land

Do you own any additional property or land? Yes (if yes please supply address/s below) No

Address

..... Postcode

If YES, please tick the relevant box

- I am the sole owner
- I own it with someone else, please state name/s and percentage/s owned;

.....
.....

It is held as: Jointly Owned Tenants in Common*1 in Trust*2

*1- If the property is owned as tenants in common and the property was Willed by the co-owner and the co-owner has passed away, please provide a signed full copy of the Will

*2- Please provide signed full copy of the Trust document)

SECTION 7 – Further Information

If the person moving into residential or nursing care previously owned a property or is no longer the beneficial owner of the property mentioned in section 3, please summarise the previous and current circumstances. Please provide any supporting documentation, i.e. Trust document/severance of joint tenancy/Will.

Click or tap here to enter text.

SECTION 8 - Documents you may need to provide

Please tick below, which documents you are enclosing, alternatively you can send these documents to CCAadmin@worcestershire.gov.uk, please use case reference in the email heading with name of documents included.

- Original or certified Power of Attorney/Deputy (if appropriate)
- Copy of Mortgage/Equity Release statement (if appropriate)
- Trust document (if appropriate)
- Severance of Tenancy (if appropriate)

SECTION 9 - DECLARATION

I agree that any personal and financial information I have provided to The Pension Service or Worcestershire County Council, for the purpose of assessing either my entitlement(s) to benefits and pensions or residential care charges, may be passed between these organisations so that they can assess my entitlement to benefits and pensions or residential care charges.

I understand that I may withdraw my consent to the disclosure of such information at any time by writing to:

The Care Contribution Manager
Care Contribution Assessment Team
Adult Services, Worcestershire County Council
County Hall, Spetchley Road
Worcester, WR5 2NP

I declare that the information on this form is correct and complete.

I authorise Worcestershire County Council (Adult Services) to obtain any details regarding my financial affairs and assist me to claim any benefit to which I may be entitled.

I declare that I have applied for all Social Security benefits available for residential, nursing or domiciliary assistance to the best of my knowledge.

If I receive residential accommodation, I understand that I will be responsible for contributing toward my residential accommodation as assessed by the Local Authority for the duration of the contract between the County Council and the home including periods of up to six weeks if I am absent.

Are you the person receiving care? If so, please sign below:

Signature:

Print name:

Date:

If you are signing the form for someone else please read below:

You can sign this form for the service user but they **must still sign it themselves** unless **one or more of the following apply**. Please tick all the relevant boxes.

I hold a power of attorney to receive and deal with their benefits from social security

I am Appointee, appointed by the department for Work and Pensions (DWP), to receive and deal with their benefits and their letters from social security

Signature:

Print name:

Date:

Worcestershire County Council

If you can not understand the contents of this document and do not have access to anyone who can translate it for you, please contact 01905 765765 for help.

বাংলা। আপনি যদি এই দলিলের বিষয়বস্তু বুঝতে না পারেন এবং আপনার জন্য অনুবাদ করার মত পরিচিত কেউ না থাকলে, অনুগ্রহ করে সাহায্যের জন্য 01905 765765 নম্বরে যোগাযোগ করুন। (Bengali)

廣東話。如果您對本文檔內容有任何不解之處並且沒有人能夠對此問題做出解釋，請撥打 01905 765765 尋求幫助。 (Cantonese)

普通话。如果您对本文档内容有任何不解之处并且没有人能够对此问题做出解释，请拨打 01905 765765 寻求帮助。 (Mandarin)

Polski .eżeli nie rozumieją Państwo treści tego dokumentu i nie znają nikogo, kto mógłby go dla Państwa przetłumaczyć, proszę zadzwonić pod numer 01905 765765 w celu uzyskania pomocy. (Polish)

Português. Se não conseguir compreender o conteúdo deste documento e não conhecer ninguém que lho possa traduzir, contacte o 01905 765765 para obter assistência. (Portuguese)

Español. Si no comprende el contenido de este documento ni conoce a nadie que pueda traducírselo, puede solicitar ayuda llamando al teléfono 01905 765765. (Spanish)

Türkçe. Bu dokümanın içeriğini anlayamazsanız veya dokümanı sizin için tercüme edebilecek birisine ulaşamıyorsanız, lütfen yardım için 01905 765765 numaralı telefonu arayınız. (Turkish)

اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

کوردی سۆرانی. ئەگەر ناتوانی تێبگهی له ناوەڕۆکی ئەم بەلگەیه و دەستت بە هیچ کەس ناگات کە و مێیگێرتەوه بۆت، تکایه تەلەفۆن بکە بۆ ژماره‌ی 01905 765765 و داوا ی رینۆینی بکە. (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਜ਼ਮੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Office Use

Please scan and upload

Name of Social Worker:

Date:

Signature

**To the best of our knowledge all information was correct at the time of printing:
January 2022**