Charging Policy for Care at Home, Daycare, Carephone services for Adults.
Legislative background

The Care Act 2014 provides a single legal framework for charging for care and support. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person’s care and support needs or a carer’s support needs.

Where a local authority arranges care and support to meet a person’s needs, it may charge the adult, except where the local authority is required to arrange care and support free of charge.

The new framework is intended to make charging fairer and more clearly understood by everyone. The overarching principle is that people should only be required to pay what they can afford.

People will be entitled to financial support based on a means-test financial assessment and some will be entitled to free care. The framework is therefore based on the following principles that local authorities should take into account when making decisions on charging.

The principles are that the approach to charging for care and support needs should:
- ensure that people are not charged more than it is reasonably practicable for them to pay;
- be comprehensive, to reduce variation in the way people are assessed and charged;
- be clear and transparent, so people know what they will be charged;
- promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- support carers to look after their own health and wellbeing and to care effectively and safely;
- be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
- apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and be sustainable for local authorities in the long-term.

The Care Act 2014 will be implemented from 1st April 2015. It includes the Care and Support (Charging and Assessment of Resources) Regulations 2014.

The legal framework for charging is set out in Sections 14 and 17 of the Care Act.

When choosing to charge, a local authority must not charge more than the cost that it incurs in meeting the assessed needs of the person. It also cannot recover any administration fee relating to arranging that care and support.
The only exception is in the case of a person with eligible needs and assets above the capital limit of £23,250.00 who has asked the local authority to arrange their care and support on their behalf. In such cases, the local authority may apply an administration fee to cover its costs. However, this must not be higher than the cost the local authority has incurred in arranging that care and support.

This approach must also apply if the local authority has involved other organisations to deliver its duties in any way.

This means that the council may charge for services for people with physical disabilities, learning disabilities, mental health concerns and older people.

The Government expects council’s to charge for services. The Local Authority Circular LAC (94) (1) states:

"Any Authority which recovers less revenue than its discretionary powers allow is placing an extra burden on its population or is foregoing resources which could be used to the benefit of the service".

All councils are issued with Statutory Guidance on a charging framework Section 7 of the Local Authority Wellbeing and Communities Act 1970.

Committee Reports Applicable

Our current non-residential charging policies have been developed on the basis of revisions to national charging policy and legislation.

- **April 2014** – Care Act 2014.

Scope of the Charging Policy

This policy aims to help people maintain their independence and have control over their lives.

These charging arrangements cover any setting for meeting care and support needs outside of a residential setting, for example, care and support received in a person’s own home, and in other accommodation settings such as in extra care housing, supported living accommodation or shared lives arrangements.

Whilst the Council has a duty where applicable, to provide care and support, the services provided are not free. Where individuals are assessed as being able to contribute to the cost of their care, the Council expects them to pay. The Council will pursue debt as appropriate, in accordance with its Debt Recovery Policy.
This charging policy reflects changes to care legislation and is compliant with The Care Act Guidance 2014.

Charges are not made for providing advice about the availability of services or assessment of community care needs.

Where there is a service charge it will not be more than the full cost of providing the service.

Charges will be made after a full financial assessment has been worked out to ensure people are not charged more than it is reasonably practical for them to pay. If a financial assessment is refused the local authority will treat that person as having received a financial assessment as outlined in the Charging and Assessment of Resources Regulations 2014.

Services are charged from the date the first service provided is received by the service user.

The amount charged will not reduce a person’s disposable income below basic levels of income support plus a 25% buffer, for example a person may have £100 per week income support plus £25 buffer.

Services will not be stopped if a person refuses to pay or appeals against the charge level.

An appeals process is available. (See Appendix C – Appeals Procedure).

**Charges**

Services provided to meet community care needs (this includes help with personal care – including personal budgets) and practical support such as Home Care Direct Payments, Assistive Technology and Day Care.

**Services which have a non-assessed charge:**

- People will pay towards the cost of their transport to day care services.
- People will pay towards the cost of their lunch at day care services.

All service users are charged for these services, as they are considered to be substitution costs for food and heating expenses etc. which they would normally have to pay if the services were not provided. These costs are covered by the Personal Living allowance level in the financial assessment.
Services which are provided at no charge:

- Intermediate care, including reablement, which must be provided free of charge for up to six weeks. However, local authorities must have regard to the guidance on preventative support set out in Chapter 2. This sets out that neither should have a strict time limit but should reflect the needs of the person. Local authorities therefore may wish to apply their discretion to offer this free of charge for longer than six weeks where there are clear preventative benefits, such as when a person has recently become visually impaired.

- Community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.

- Care and support provided to people with Creutzfeldt - Jakob disease.

- S117 - After-care services/support provided under section 117 of the Mental Health Act 1983 (appendix D).

- Any service or part of service which the NHS is under a duty to provide. This includes; Continuing Healthcare and the NHS contribution to Registered Nursing Care.

- More broadly, any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.

- Financial assessments, a needs assessment or the preparation of a care and support plan.

Maximising benefits

A welfare benefits check and providing information and/or assistance to maximise income from state benefits is part of this policy.

This is done automatically as part of the Personal Financial Statement (PFS) unless the person says they want to opt out.

If a person has not opted out of the benefit advice check a copy of the person’s care plan and PFS will be sent to the Benefit Advice Team or a referral will be made direct to the Department for Works and Pensions to check to make sure the person is receiving maximum benefits.

The council’s charging policy considers existing policies on Anti-Poverty Strategies, Economic Development or Regeneration of Social Inclusion.
Confirmation of charges

Following an assessment of need, carried out in accordance with the council’s duties under the Care Act 2014, everyone who has a support plan will be asked to give details of his/her income and assets by completing a Personal Financial Statement. A financial assessment will take place to decide what his/her contribution towards the cost of his/her care support plan will be; these charges apply from date the first service is provided.

The Council will explain how the assessment has been carried out, what the charge will be and how often it will be made, and if there is any fluctuation in charges, the reason. The Council will ensure that this is provided in a manner that the person can easily understand, in line with its duties on providing information and advice.

The financial assessor will complete a “Provisional Notification of Charges”. This is written information about the person’s anticipated level of service and estimated financial contribution towards the service. (See Appendix A – Provisional notification of charges).

The person, or carer of the person, must sign this provisional notification – if they refuse to sign, or are unable to sign, the financial assessment officer should write “refuses to sign” or “unable to sign” (as appropriate) and give the top copy to the person.

The person will receive written confirmation of the charges they have been assessed to pay following the financial assessment in form of a Personal Budget Statement.

**Note 1:** The value of the persons assets are calculated excluding the value of his/her home.

**Note 2:** If a person has assets valued at more than the upper capital limits they will be asked to pay the maximum charge of his/her care package.

**Note 3:** Once a person’s actual budget and support plan is agreed, if they have enough disposable income to pay for the services they will be asked to pay a contribution towards the budget. There is a maximum charge which is set by the Council every year.


In some circumstances, The Council may choose to treat a person as if a financial assessment had been carried out. In order to do so, the Council must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford, any charges due. This is known as a “light-touch” financial assessment.

This may be where the person has savings above the upper capital limit; or sufficient income left following the charge due; or where the person has opted out of having a financial assessment and/or when the Council has obtained income/benefit details from the
Department of Works and Pension to complete the financial assessment subject to the person’s confirmation.

When deciding whether or not to undertake a light-touch financial assessment, the Council will consider both the level of the charge it proposes to make, as well as the evidence or other certification the person is able to provide.

The Council will inform the person when a light-touch assessment has taken place and make clear that the person has the right to request a full financial assessment should they so wish, as well as making sure they have access to sufficient information and advice, including the option of independent financial information and advice.

**Financial Assessment Process**

**Referral.**

When a person’s needs have been identified and included in a Support Plan, (this can include home care or day care) a referral will be put through to the Financial Assessments Section. They will arrange a visit to collect financial information so that the financial assessment of charges can be carried out and a welfare benefits check can be offered.

**Contacting the person**

The Business Support Team (Admin) will contact the person or carer to arrange a mutually convenient time and venue for a visit to take place.

A visit is not mandatory - you may wish to have a form posted for your or your representative to complete.

In some instances a form will be posted directly for example if the only service you have been assessed to receive is a Carephone.

When visits have been offered and/or arrangements made, but the person or carer delay the initial visit, charges could accrue or build up following an assessment as charges are levied from start of services.

The person will be encouraged and, if appropriate, helped to be supported in this process by having someone of his/her choice) present during the Visiting Officer’s visit.

**Pre-Visit information**

The person/carer will be given information before the visit about the details and information that will be needed as part of the financial assessment process.
Conducting the visit

During the visit the person will be asked to provide full details of his/her finances. The Visiting Officer will explain how the charges have been calculated and worked out and explain in a manner that the person can understand.

Opting out of the financial assessment

People who turn down a financial assessment will pay the maximum charge set for their services.

For people who do not wish to provide information about their finances, there is an “Agreement to Pay” Declaration also known as “Light Touch Financial Assessment” box in Section 2 of the PFS. This declaration should be signed and dated by the person or carer.

The financial assessment outlined

The Council has no power to assess couples or civil partners according to their joint resources.

Each person must therefore be treated individually and assessed as individuals. In these circumstances equity and joint assets for couples will be divided equally (50/50) for the purpose of the financial assessment. The Local Authority should also consider the financial implications for the cared for persons partner.

Only income and assets for the person receiving the care is taken into account.

Any income received as part of a couple, the starting presumption will be there is a 50% share of the income equally so 50% of jointly held assets will be taken into account.

This will mean that parents and other members of an adult person’s family cannot be required to pay the charges – except in certain legal circumstances, for example, where a family member may be managing the person’s own resources.

The Council will review on a case by case basis where an individual states they can demonstrate their share is more or less of the asset and amend the assessment appropriately.

The assessment will:

- Identify all sources of income – this includes but isn’t limited to:
  - State Benefits including Retirement Pension, Income Support, JSA and Disability Benefits
  - Earnings
  - Occupational/Private Pensions
  - Income on all savings and investments
  - Income from private Health Insurance Schemes
• Income from other sources.

• Deduct Personal Living Allowance level + 25% buffer
• Identify outgoings (including Disability Related expenses)
• Calculate disposable income and tell the person the percentage they will have to contribute towards the cost of the package. This will not be more than the amount of the person’s financial assessed charge.

**Note 5:** Tariff income from savings and investments will be calculated on £1 per week income for every £250 of assets valued between the lower and upper capital limits as defined in Care Act 2014. (See Appendix B – Weekly capital charges calculator).

**Income disregards** will then be deducted, if they apply, in line with the Care Act 2014 but will include:

• Earnings
• Mobility Component of Disability Living Allowance
• Pensions Savings Credit
• Mobility Supplement of War Disablement Pension
• War Widows Special Payments
• Other War Widows Pensions - £10 disregard applies
• Night rate of DLA (Care) or Attendance Allowance – unless services are being provided during the night.

**Note 6:** It is the council’s policy to encourage and enable those who wish to take up employment, including disabled people and their carers, and this charging policy aims to avoid creating disincentives to work so disregards earnings.

This will give the person’s Assessable Income.

**Deduct personal allowance**
A personal allowance will then be worked out by adding together:

• Basic income support allowance and
• Age related, disability or other premium and
• A buffer of 25% (this will be worked out based on the total of the personal allowance + premium)

**Note 7:** Appendix E – Personal living allowance guide gives details of total personal living allowances for the current financial year. This information will be updated on an annual basis in line with Benefit increases.

It is expected that basic income support allowances will cover other costs such as:

• Food
• Clothes
• Insurance, including building and contents, mortgage protection, life assurance
• Water rates
• Utility bills such as gas, electricity and telephone
• Transport (including bus fares)
• TV Licence
• Subscriptions to satellite or digital TV companies
• Repair and replacement of household items
• Other expenditure such as credit card debt or personal loans (including County Court Judgements).

**Note 8:** This list is neither exhaustive nor exclusive.

**Note 9:** An allowance will be made for Maintenance Orders agreed by the Court or Child Maintenance Service.

**Identify outgoings (including disability related allowances)**

**Housing allowance**

A housing allowance for housing costs, such as mortgage or rent and council tax will be given net of any housing, council tax or Universal Credit benefit received.

A housing allowance to cover mortgage costs will not be given if the person receives payments under a Mortgage Protection Scheme.

A housing allowance to cover mortgage costs will be given to cover the mortgage interest payment only, but the amount allowed will be the actual interest charged. This is in accordance with Income Support regulations.

Where a person lives with another adult carer other than his/her spouse/partner no housing allowance will be given as it is assumed that any contribution towards rent/mortgage interest and/or council tax will be made from the person’s Personal Allowance.

Where a person lives with a spouse or partner a housing allowance will be made to cover 50% of the couple’s total joint liability.

**Disability related allowances**

If the person receives a disability benefit such as Disability Living Allowance (DLA) or Attendance Allowance additional allowances can be given to reflect any additional costs due to the person’s disability. The person’s community care assessment should identify disabilities or medical conditions that might mean additional allowances should be given.

A list of additional disability related cost areas and standard amounts are attached in Appendix F – disability related expenditure. This list has been drawn up in consultation with people and their carers.
This list is neither exclusive nor exhaustive and will be reviewed as part of the policy monitoring.

Where the person accepts the standard allowances as enough to meet his/her additional disability related costs no supporting evidence will be needed.

If the person feels the standard allowance does not cover their additional costs in a specific cost area he/she can ask for this to be reconsidered.

Supporting evidence will be needed to justify a higher allowance than the standard one being given. If the evidence provided meets the satisfaction of the person doing the financial assessment a higher allowance may be given. Copies of supporting evidence will be kept with the paperwork about the financial assessment process and will be available for inspection if needed.

If the supporting evidence is not available when the visit takes place, the person will have 28 days to provide the information or documents needed.

If the additional information is provided within the 28 days any reassessment of the charge level will be backdated to the original visit date.

If the additional information is not provided within the 28 days any reassessment of the charge level will take effect from the date the last piece of supporting evidence is received by the financial assessments section.

If the person is unable to provide supporting evidence or they request that an allowance be given for a cost area not identified on the list at Appendix F the case will be referred to the Authorised Officer.

Cases will also be referred to the Authorised Officer if the person disputes the amount of charge level.

The disputed charge may be deferred whilst the case is being considered by the Authorised Officer. In these instances the person should continue to make payment to avoid the build-up of debt.

The Authorised Officer will decide if a higher disability related allowance should be given or if an Exceptional Disability Related Allowance can be given – to cover a cost area not identified on the list provided at Appendix F – Disability related expenditure.

People will be given the Authorised Officer’s decision, in writing.

If the Authorised Officer agrees that a higher disability related allowance or an exceptional disability related allowance should be given this will be added to the total personal disregard.

The decision of the Authorised Officer will be applied to the financial assessment and backdated to the date of the original visit.
If the Authorised Officer does not agree that the person has a higher disability cost or any exceptional disability related costs he/she will be able to appeal against this decision. Details of the Appeals procedure are in Appendix C – Charging appeals procedure.

A person will have 28 days from the date of being notified of the Authorised Officer’s decision to request an appeal.

If the Authorised Officer finds no grounds for reducing the assessed contribution level the charge will be applied from the date of the original visit.

**Disposable income**

When all the person’s allowances have been worked out these will be taken away from his/her total Assessable Income.

This will give an amount of disposable income.

**The disposable income will go towards the services that have been identified to meet the person's assessed needs.**

All community based charges are deducted from the available disposable income, e.g. Care Phone, Home Care, Direct Payments, and Day Services.

**Zero or negative disposable income assessment**

If the person’s assessment results in a zero, or negative, disposable income figure, services in the care plan will be provided at no charge.

**Supporting evidence**

The person must get the documents needed to support the financial assessment process.

This is known as supporting evidence

The Visiting Officer will look at and verify supporting evidence.

If the person finds it difficult to provide the information needed for the financial assessment process he/she must tell the Visiting Officer as soon as possible.

Any delays caused by the person being unwilling to provide the information needed to complete the financial assessment will cause the person to be charged the maximum charge for his/her care package.
Deprivation of capital and assets.

If there is reason to believe the person and/or partner of the person has spent or given any of their capital away to reduce their charges we can take this capital into account as if they still owned it referring to this as ‘Notional Income’ This might include for example income that would have been due but not received, income that they have deliberately deprived themselves of for the purpose of reducing the amount they are liable for their care.

If the person and/or partner of the person gives false or incomplete information they may be liable for the full contributions towards non-residential services they have received.

The financial assessor may be aware of possible attempts by people to conceal such expenditure or transfer of assets to a third party to avoid or reduce their liability for paying for the care. Evidence of this can be obtained by questioning when completing or checking the PFS or by examining bank statements, building society passbooks and possibly Deeds of Gift. Any evidence should be carefully noted or copies taken for further investigation, if necessary.

Under the new Care Act 2014 Statutory Guidance local authorities can now recover charges from a third party who has benefited from the transfer of capital/assets. If the person has transferred funds to more than one third party each of those people is liable to pay the local authority the difference between what I would have charged or did charge the person receiving the care in proportion to the amount they received.

Families also sometimes spend money that they have become responsible for, or have access to, claiming that it has been spent on, or are for the benefit of, the person. Unless the amounts are minimal or the expenditure is absolutely unavoidable, this is also deprivation.

Local Authorities can use the County Court process to recover debts but this will only be a considered option when all other avenues have been exhausted.

Service charges will be adjusted to take into account depreciation of capital deprivation.

These cases can be reassessed each year on request to take into account the depreciation in capital due to the service charges paid and any other reasonable expenses. They will be considered on a case by case basis.

Declaration and undertaking

Each person, with the appropriate mental capacity, will need to sign a “Declaration and Undertaking” in Section 9 of the PFS.

Where the person does not have the mental capacity to understand what signing the “Declaration and Undertaking” means, a third party may sign on their behalf. The third party would also need to fill in Section 3 of the PFS “Signing on Behalf of someone”.
Changes to personal or financial circumstances

A change in the person’s personal or financial circumstances will usually result in a reassessment of his/her charges.

The person will need to notify the Financial Assessments Section of any change in his/her personal or financial circumstances that may affect his/her contribution level.

If the Financial Assessments Section are notified of a change in circumstances which result in a reduction in charges, but a visit is unable to be made for a number of days, the change will be backdated to the original notification.

All people will be reassessed as a minimum on an annual basis.

Services provided to carers

The Care Act 2014 allows councils to charge for any services it provides to carers.

Kirklees Council does not currently charge carers for services provided directly to them.

Services provided to offer a carer a break, which form part of the person’s care and support package will be included in the person’s financial assessment.

Self-Directed Support

Temporary alterations to hours

If the care package changes for more than 28 days, a review of the package will be carried out. The hours of service received are charged for on a weekly basis. Non-assessed changes for whatever reason will be approved by the Home Care Manager, who has the authority to vary the charge to allow for temporary increases or reductions in the hours provided.

Night care services

Night care can be defined as “that period of inactivity through which each household goes in the dark hours and to measure the beginning of the night from the time at which the household closed for the night”. Dressing in the morning and undressing before going to bed are activities carried out during the day (as explained in CR v National Insurance Commissioner, ex-parte Secretary of State for Wellbeing and Communities (1974)).
Charging and payment methods

The following charging and payment methods are currently available:

Homecare/Day-care charges

You will be invoiced on a 4 weekly basis. Methods of payment can be found on the back of the invoice. The preferred method of payment is via Direct Debit.

Care phones

You will be invoiced on a quarterly basis (every 3 months). Methods of payment can be found on the back of the invoice. The preferred method of payment is via Direct Debit.

Disputed charges

Where the person disputes the amount calculated the Visiting Officer will advise him/her of his/her right to have the matter considered by the Authorised Officer.

A person disputing the charge level calculated may not be charged for his/her Care Package until the case has been considered by the Authorised Officer.

Third party requests for referral to Authorised Officer

A third party, acting on behalf of the person under a formal authority such as ‘Power of Attorney’, ‘Receiver under the Court of Protection’ or ‘Appointee’, will be able to request a review of a charge level, or ask for additional disability related allowances.

Unpaid charges

If a person refuses to pay his/her assessed contribution, the council will continue to provide services outlined on his/her support plan. However, cases of non-payment will go through the council’s income collection process which may lead to recovery via the County Court.

If a person disputes any action taken under the council’s income collection procedures, he/she will be advised that his/her case can be forwarded to the Authorised Officer for consideration where this has not already taken place.

Income recovery action will be put on hold pending the outcome of the referral to the Authorised Officer.

Where a person’s financial affairs are managed by a third party and payment for services provided is not received (or where services are stopped by the third party because of the charge being levied), a case review may be carried out, in line with the council’s Vulnerable Adults Policy.
**Appeals**

There is an appeals procedure for people who feel they can’t pay the assessed charge. The appeal goes to the appropriate Authorised Officer first and then if it is not resolved, to the Assistant Director. (See Appendix C – Appeals).

Any appeal does not prejudice a person’s rights to use the Complaints and Compliments procedure.

The Financial Assessors must be informed if a person’s appeal is upheld, either partially or fully, these will be dealt with in line with the Council’s internal policy of Waiver of Charges. A copy of the authorisation by the Authorising Officer with a copy of the appeal and a “notification of care to be provided” should be sent to the Financial Assessors.
Appendix A – Provisional notification of charges

Client Financial Affairs, Civic Centre 1, Ground Floor North, Huddersfield HD1 2PQ
Telephone: 01484 416795

Name ................................................................. Carefirst No: .............................

Address ........................................................................................................................................

<table>
<thead>
<tr>
<th>Residential service type</th>
<th>Service required</th>
<th>Estimated weekly charge (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term/Respite</td>
<td>YES/NO</td>
<td>£</td>
</tr>
<tr>
<td>Long Term</td>
<td>YES/NO</td>
<td>£ (first four weeks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£ (thereafter)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£ (after 12 weeks)</td>
</tr>
</tbody>
</table>

Kirklees C will only pay up to a maximum charge of £………………. for Private Residential Care

Kirklees C will only pay up to a maximum charge of £………………. for Private Nursing Care

<table>
<thead>
<tr>
<th>Care Phone</th>
<th>YES/NO</th>
<th>£…………. per week</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Community Services</th>
<th>YES/NO</th>
<th>Budget (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Estimated Weekly Charge (£)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum Contribution (£)</td>
</tr>
</tbody>
</table>

If you are assessed to pay then you will have to pay from the day that service starts. If these arrangements change you will be informed in writing.

SERVICE USERS ACKNOWLEDGEMENT - I undertake to pay Kirklees Council any charges that may be due in respect of the above services provided.

Signed: ......................................................... Date: .................................
Service User/Responsible Representative  White – client, Yellow – file, pink – Care management
Appendix F  Disability related expenditure

Please tick below any cost you pay for yourself that is not provided by Home Care/Outreach or Social Services.

<table>
<thead>
<tr>
<th>Cost Description</th>
<th>Proof Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional laundry costs (e.g. incontinence, skin disorders)</td>
<td></td>
</tr>
<tr>
<td>Extra costs because you need a special diet (e.g. special foods)</td>
<td></td>
</tr>
<tr>
<td>Special clothing or footwear (e.g. where this is made specially or additional wear and tear occurs)</td>
<td></td>
</tr>
<tr>
<td>Additional costs of bedding (e.g. because of incontinence)</td>
<td></td>
</tr>
<tr>
<td>Extra costs for heating/fuel. Proof required Electricity and Gas - 4 quarterly bills,</td>
<td></td>
</tr>
<tr>
<td>Extra costs of metered water.</td>
<td></td>
</tr>
<tr>
<td>Reasonable costs of basic garden maintenance if necessitated by disability. Proof of payment required</td>
<td></td>
</tr>
<tr>
<td>Reasonable costs of private cleaning or domestic help, if necessitated by disability and not met by</td>
<td></td>
</tr>
<tr>
<td>social services only if not done by home care. Proof of payment required</td>
<td></td>
</tr>
<tr>
<td>Purchase, maintenance and repair of disability related equipment, including equipment or transport</td>
<td></td>
</tr>
<tr>
<td>needed for work (e.g. wheelchair, hoist, stairlift) Only if not provided by the Council Social</td>
<td></td>
</tr>
<tr>
<td>Services or the National Health Service</td>
<td></td>
</tr>
<tr>
<td>Personal assistance costs (e.g. paying for meals or transport costs) Only if not provided by meals</td>
<td></td>
</tr>
<tr>
<td>on wheels.</td>
<td></td>
</tr>
<tr>
<td>Other transport costs necessitated by illness or disability including transport to day care over</td>
<td></td>
</tr>
<tr>
<td>and above Disability Living Allowance mobility only if not provided by Social Services</td>
<td></td>
</tr>
<tr>
<td>Internet Cost for Blind/Partially Sighted service users</td>
<td></td>
</tr>
</tbody>
</table>

In order for us to determine any Disability Related Expenses you wish to claim for, we will need to have access to your Community Care Assessment. Please give your authorisation to enable us to do this by signing below.

Name ................................................................. Date of Birth ......................

Address ........................................................................................................................................

..................................................................................................................................................

Signature .................................................. Date ..............................................