



PAPER REFFERAL FORM

All questions contained in this questionnaire are strictly confidential and will form part of the Vulnerable Adult's confidential file. An electronic referral can be made via our website.

Referrer Name:		Referrer Telephone:	
Referrer Address:			
Referrer Email Address:		Referrer Occupation:	
TYPE OF SERVICE			
Application For:		<input type="checkbox"/> Appointeeship (Welfare Benefit Money Management) <input type="checkbox"/> Lasting Power of Attorney	
VULNERABLE ADULT INFORMATION			
Status:	<input type="checkbox"/> Single <input type="checkbox"/> Cohabiting <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Title:	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		
Forename:		Middle name(s):	
Surname:		Date of Birth:	
National Insurance Number:			
ACCOMMODATION			
Address Details:			
Post code:		Telephone Number:	
Accommodation Category:	<input type="checkbox"/> Residential Care <input type="checkbox"/> Supported Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> Housing Association <input type="checkbox"/> Private Landlord <input type="checkbox"/> Home owner living at home <input type="checkbox"/> Rehabilitation Unit		
Accommodation Funding:	<input type="checkbox"/> Self-Funding <input type="checkbox"/> Local Authority Funded <input type="checkbox"/> Local Authority Funded w/ Top Up <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Housing Benefit with top up <input type="checkbox"/> NHS Continuing Health Care <input type="checkbox"/> NHS Funded Nursing Costs <input type="checkbox"/> S.117 Aftercare		
Accommodation Manager Name:			
Primary Carer Name and Job Title:			
Number of Supported Adults Living at the address:			
Previous Address and Dates of moving:			

WELFARE BENEFITS & INCOME SOURCES

Name & Type	How Often Payable (If Known-Weekly, Fortnightly, 28 day, Monthly)	Sum Received (£0.00)
Disability Living Allowance (DLA)		
Personal Independence Payment (PIP)		
Attendance Allowance (AA)		
Employment & Support Allowance (ESA)		
Severe Disability Allowance (SDA)		
State Pension (SP)		
Pension Credit (PC)		
Job Seekers Allowance (JSA)		
Housing Benefit (HB)		
Council Tax Support (CTS)		
Income Support (IS)		
Incapacity Benefit (IB)		
Working Tax Credit (WTC)		
Child Tax Credits (CTC)		
Carer's Allowance (CA)		
Private/Occupational Pension (PP/OP)		
War Widow's Pension (WWP)		
Widow's Pension (WP)		
Other (Please list)		

DEBTS AND OUTGOINGS

Name & Type	How Often Payable (If Known-Weekly, Fortnightly, 28 day, Monthly)	Sum Paid (£0.00)
Care Home Fees		
Nursing Home Fees		
Accommodation Fees		
Domiciliary Care		
Contents Insurance		
Gas		
Electricity		
Water		
Television		
Telephone		
Child Maintenance		
Pension Payment		
Mortgage		
Property Rent		
Credit Cards/Loans		
Buildings/House Insurance		
Other (Please list- use separate sheet if needed)		

CURRENT CARE PROVISION	
Care Provider	<input type="checkbox"/> Care or Nursing staff in Residential Home <input type="checkbox"/> External Agency in own accommodation <input type="checkbox"/> District/Community Nurses <input type="checkbox"/> Family <input type="checkbox"/> Other
Care Funding Type	<input type="checkbox"/> Self- funded <input type="checkbox"/> Local Authority Funded <input type="checkbox"/> Local Authority with top up/Contribution <input type="checkbox"/> Family <input type="checkbox"/> NHS Continuing Health Care <input type="checkbox"/> NHS Funded Nursing Costs
Has NHS Care ever been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has and NHS Care Assessment ever taken place? If so, when?	<input type="checkbox"/> No <input type="checkbox"/> Yes, which date (approximately [])
Is there a Care Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Financial Assessment been carried out? If so, when?	<input type="checkbox"/> No <input type="checkbox"/> Yes, which date (approximately [])
Date of most recent Care Bill:	
GP DETAILS	
GP Name:	
GP Surgery Name and Address:	
GP Phone Number:	
GP Email Address:	
Last Date of GP attendance at surgery (If known):	
ASSETS AND CAPITAL	
Does the Vulnerable Adult have an existing Bank/Building Society Account?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known
Does the Vulnerable Adult have a Post Office Account?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known
Does the Vulnerable Adult own any properties?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known
Does the Vulnerable Adult have any investments?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known
Does the Vulnerable Adult have any form of inheritance?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known
Does the Vulnerable Adult have any stocks or shares?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known
Other (Please list- use separate sheet if needed):	

OVERVIEW OF OTHER CIRCUMSTANCES

Please set out the relevant Vulnerability/Disability Diagnosis:

- Has a capacity assessment been carried out over the last 12 months? If so, what was the outcome? ☐ No ☐ Yes, has capacity ☐ Yes, lacks capacity
- Has a best interests meeting taken place? ☐ No ☐ Yes
- Is there a current Appointee, Lasting Power of Attorney or Deputy in place? ☐ No ☐ Yes
- Has any legal order been made such as a Deprivation of Liberty (DOLS) under the Mental Health Act or the Mental Capacity Act? ☐ No ☐ Yes ☐ Not Known
- Are any Safeguarding processes in place? ☐ No ☐ Yes
- Is a Funeral Plan in Place? ☐ No ☐ Yes ☐ Not Known
- Has a Will been made? ☐ No ☐ Yes ☐ Not Known
- Is insurance in place for home and/or contents? ☐ No ☐ Yes ☐ Not Known
- Do they own a motor vehicle or have access to a Motability vehicle? ☐ No ☐ Yes

OTHER PERSONS INVOLVED

Family Visitor(s)
(Relationship, Name, Address & Telephone Number):

Friend Visitor(s)
(Name, Address & Telephone Number):

Other Information/ Notes
(Please complete if you believe we should be aware of any other circumstances/information)

DECLARATIONS

- ☐ I have read and understand the Finance Care Service's Referrals Procedure & Appointee Procedures/Policies document
- ☐ I understand that an administration fee of £45.00 will be incurred if I cancel this instruction later than 24 hours after submission.

NAME: _____

SIGNED: _____

DATED: _____

Please return the completed and signed form to Info@FinanceCareService.org or post to the Finance Care Service, 12-14 Shaw's Road, Altrincham, Cheshire, WA14 1QU.



REFERRALS PROCEDURE & APPOINTEE PROCEDURES/POLICIES

11th December 2019

THANK YOU

Thank you for your referral to the Finance Care Service (FCS). We take great pride in what we do in supporting vulnerable persons and strive to do the best possible job for our new Client (and also for you) at all times.

May we now ask that you consider the information below which sets out how we operate, the next steps in the referral process, our duties and policies as well as listing information we may need from you (such as information on bills, benefits and property). Should you have any questions then please contact us.

You will need to sign the back of this form and return it to us.

VERY IMPORTANT

The process of setting up the Appointeeship may take weeks so it is very important that the Client has sufficient funds for 4 weeks to support their needs so as to not temporarily run out of funds. Please ensure that steps have been taken to provide the Client with financing until our formal appointment is in place.

INDEX

PAGE

1. The Referral Procedure- Overview	6
2. Important Information Needed	6
3. Teamwork and an important note	6
4. The Role of An Appointee	6
5. Appointee Legal Authorities	6
6. Access to Benefits Funds	7
7. Inbound Contact Policy	7
8. Abusive Behaviour Policy	7
9. Financial Information, Client Privacy and Data Protection	8
10. Financial Information, Financial Assessments for Care Contributions	8
11. Spending Money- Budgeting and Forward Planning	8
12. Spending Money- Additional Money Requests	8
13. Third Party Purchase Requests	8
14. Client Visiting	8
15. Service Costs	8
16. Relinquishment of the Appointeeship	9
17. Mandate to Proceed (REQUIRES SIGNATURE)	9

1. THE REFERRAL PROCEDURE OVERVIEW

STEPS

1. Referral is received from Social Worker, Carer, Local Authority, Care/Nursing Home or Other;
2. Managed bank account setup for Client to receive welfare benefits payments;
3. Form DWP BF56 completed by FCS Appointee setting out new bank account details;
4. Completed form DWP BF56 sent to DWP for appointment;
5. Within 4 weeks, notification received of FCS appointment;
6. Benefits agencies/others (such as utilities providers) contacted regarding FCS involvement and provided with updated bank details.

2. IMPORTANT INFORMATION NEEDED

- ✓ DWP Benefits Correspondence (DLA, PIP, Pension Letters, ESA, etc);
- ✓ Care Fee correspondence (Local Authority, Care provider, Domiciliary Carers, etc);
- ✓ Utility Bills (Gas, Electricity, Water, Telephone, Internet);
- ✓ Mortgage/Rent Account Details (Mortgage provider or Housing Association);
- ✓ Insurer Details (Home, Contents, Life Policies or Funeral Plan);
- ✓ Any other information determined relevant.

3. TEAMWORK AND AN IMPORTANT NOTE

Throughout step 1 (above) and beyond we are reliant on the information provided by the Referrer (and or others involved) in the vulnerable adult's circle of support. The information is necessary to ensure the Corporate Appointeeship is put in place quickly and correctly so the setup/transfer of money management responsibilities can commence correctly.

We pride ourselves on always being approachable. It may be vital that we can obtain information quickly and efficiently. We believe the key to this to be positive communication. Please pick up the phone and ask us about any questions you may have.

If we need to speak to you we will always telephone first before emails are sent. If we are unable to obtain any information that results in us being unable to carry out our responsibilities as Corporate Appointee, we may instruct a Social Worker or Visiting Officer to visit our Client and their support circle to obtain the information needed, however many of those referred make it difficult to obtain the information from the Client directly given their disabilities or vulnerabilities so we will always try to approach you first.

The referral process does not end once the Vulnerable Adult's referral form is submitted and we may need further information as matters progress. Indeed, even when the Corporate Appointeeship is in place we may need still ask occasional question about the Client's circumstances. Teamwork is vital.

4. THE ROLE OF AN APPOINTEE

The following explanation is given for the role of Appointee on the Department for Work and Pensions' (DWP) website:

"As an appointee you're responsible for making and maintaining any benefit claims. You must:

- *sign the benefit claim form*
- *tell the benefit office about any changes which affect how much the claimant gets*
- *spend the benefit (which is paid directly to you) in the claimant's best interests*
- *tell the benefit office if you stop being the appointee, for example the claimant can now manage their own affairs*

If the benefit is overpaid, depending on the circumstances, you could be held responsible."

The DWP narrative is a general overview, in reality the position is more complicated which we will explain more about below

5. APPOINTEE LEGAL AUTHORITIES- BANKS AND UTILITY PROVIDERS

Appointee Bank Account (to be setup for receipt of benefits payments) An Appointee has the legal authority to manage welfare benefits monies in the Client's best interests. The Appointee bank account will be used to manage receipt of welfare benefits and to make payments on behalf of the Client.

Private Bank Accounts (Barclays, Natwest, TSB, HSBC, Post Office, Etc) An Appointee is only granted legal authority to manage welfare benefits monies and matters as set out above. Generally, we are unable to access private bank accounts belonging to our Clients, however in some instances, we will try to liaise with the bank as required. One exception to this rule are Post Office accounts, which may be accessible providing the appropriate mandates are registered.

Utility Companies (Water, Gas, Electricity, Internet, Telephone, etc) are not legally obliged to acknowledge an Appointee. This can cause issues if we are trying to contact the provider for account details so as to arrange payments or query payment histories, which is why is very important we are provided with the account details (if known) at the commencement of the Appointeeship.

If the Client is able to, we may sometimes ask them to sign a form of authority form to forward to the provider which should work as permission for us to discuss and manage the account.

Private Pension providers are not legally obliged to recognise the authority of an Appointee.

When a Client Dies our legal authority to act ceases. We will only release funds held to the Executor of the deceased Client's estate on receipt of a death certificate and signed declaration (if funds held are below £5000.00). If any amount over this sum is held we will require a Grant of Probate. This is an administrative process and associated fees will be agreed with the Executor/Administrator.

6. ACCESS TO BENEFITS FUNDS (CARERS/CARE HOME/ CLIENT)

To provide access to funds for the benefit of our Client, an Appointee bank account will be opened once the referral has been successfully made. This account enables us to receive the welfare benefits money, itemise the monies received, manage the monies and make payment of bills. It also enables us to provide funds to either the Client's carer(s) or the Client themselves in a controlled manner.

As many of our Clients are supported by carers who undertake shopping duties, a shopper's card account will normally also be setup along with the Appointee account. A shopper's card will be given to the carer/care home/ client along with a PIN number. Monies will then be transferred, as required pursuant to a budget (normally weekly or monthly), between the Appointee account and the shoppers account pursuant to the Client's needs. The shopper's card absolves the need for the carer's to carry cash as spending can be tracked. The Shopper's Card is essentially a pay as you go card and once the funds have been used no further funds can be accessed until it has been reloaded. The card may be used to access cash from cash machines.

The carer(s)/care homes will be responsible for the use of their cards and are required to retain all receipts as we may request these at a later date for auditing.

The accounts will be managed by the Finance Care Service and all monies in and out will be monitored, documented and audited.

7. INBOUND (CARER/CLIENT) CONTACT POLICY

We will always do our best to answer any questions or requests on initial approach. We pride ourselves on our attitude to this and helping others so appreciate that sometimes answers are needed quickly.

However (unusual), if for any reason we are unable to deal with your request on initial approach we will do our best to respond to those requests within 48 hours. Any unreasonable, excessive or duplicated contact requests will be dealt with as soon as reasonably practicable.

8. ABUSIVE BEHAVIOUR POLICY

We appreciate that some Client's may have challenging behaviour and understand that such behaviour requires patience and care. We will always try to be empathetic and compassionate, however we will not accept any repeated abusive or disrespectful telephone calls or conduct and if such conduct endures we will request that subsequent contact is made via Carer, Social Workers or Care Home Managers.

9. FINANCIAL INFORMATION, CLIENT PRIVACY AND DATA PROTECTION

So as to safeguard our Client's privacy and in consideration of data protection legislation, it is our policy not to send financial information directly to our Clients as vulnerable adults.

If financial information is required by a third party involved in the support of our Client, then a written request will be needed setting out why the request is being made. This request will be considered by the named appointee within the Finance Care Service and a decision will be made within 48 hours from the date of request receipt. It is our policy to help those involved with our Client's life as far as reasonably practicable and in their best interests.

10. FINANCIAL INFORMATION, FINANCIAL ASSESSMENTS FOR CARE CONTRIBUTIONS

Should a Financial Assessment need to be carried out by a Local Authority (for assessment of the Client's financial status in relation to care and funding) then we will assist/provide this information in line with our role as Appointee. The information will be provided solely for the purposes of financial assessment and in the best interests of the Client.

11. SPENDING MONEY- BUDGETING AND FORWARD PLANNING

Once the Appointeeship has been confirmed by the DWP our Client's financial position will be considered (in light of care bills, utility bills, household bills, money in bank and forward planning) and a weekly budget will be set in conjunction with the Client and/or their circle of care. A payment date will then be set and the money transfers will be diarised.

12. SPENDING MONEY- ADDITIONAL MONEY REQUESTS

We understand that sometimes additional monies may need to be requested by our Client's or person's within their circle of care (for the benefit of our Client) over and above the regular budgeted amounts.

Should the situation arise, each request for additional money will be considered on its benefits by the nominated Appointee and a decision will be taken as to whether to grant the request. This decision may need confirmation by a Social Worker, Support Worker or Occupational Health Specialist dependant on what it relates to, particularly if it relates to equipment or an alteration to living arrangements. We usually require such requests in writing or via email setting out the requested sum and what it will be used for.

13. THIRD PARTY PURCHASE REQUESTS- EQUIPMENT/DECORATING/HOLIDAYS

Should we be required to make payment to a third party (aside from utility providers, carers or care homes) such as equipment suppliers/decorators/holiday companies not already setup the in the first instance, then the request for payment will need be made in writing or via email and we ask the request to be made at least 7 days before any payment is due. Should the payment request be in excess of £500 then we will normally (except holidays) request 3 quotes. If the payment request is in respect of equipment or alternation to any living arrangements then either an Occupational Health Specialist, Support Worker or Social Worker may need to be consulted before approval of any request. The request will be considered by the nominated Appointee and a subsequent decision will be taken as to whether to grant the request.

14. CLIENT VISITING

We wish to keep our fees low and our fee structure relates to our office based operation. It may be that a home visit will be required in order to obtain important information needed to correctly support/understand the best interests of our Clients. We may therefore work with independent visiting officers, independent Social Workers and/or other professionals who can carry out visits as needed and complete tasks/carry out reports accordingly. Such visits will be reasonably chargeable.

15. SERVICE COSTS

The fees associated with our office based service are:-

Nursing Home/Residential Care Home Based Service Client:

- ✓ Monthly Management Fee- £40.00
- ✓ One Time Administration Fee- £140.00

- ✓ Managed Bank Account Fee- £30.00 Annually
- ✓ Carer's Card Cost (New and Replacement)- £5.00
- ✓ Carer's Card Transactions- No Charge
- ✓ Cash Withdrawals from ATM's- £0.99
- ✓ Relinquishment Administration Fee- £100.00

Community Based Service Client:

- ✓ Monthly Management Fee- £60.00
- ✓ One Time Administration Fee- £140.00
- ✓ Managed Bank Account Fee- £30.00 Annually
- ✓ Carer's Card Cost (New and Replacement)- £5.00
- ✓ Carer's Card Transactions- No Charge
- ✓ Cash Withdrawals from ATM's- £0.99
- ✓ Relinquishment Administration Fee- £100.00

We reserve the right to incur and charge additional fees for services undertaken to support our Clients outside of regular office based service. Examples of additional work may include (not an exhaustive list):-

- ✓ Attending best interests meetings or other meeting that are held in pursuance of best interests decisions;
- ✓ Property visits to search for important documentation such as wills, deeds or financial information;
- ✓ Property visits to meet estate agents, meet locksmiths, compile inventory or utility provider services as required;
- ✓ Social Worker home visits to complete benefit application forms or to compile best interest annual reports, safeguarding reports, etc;
- ✓ Any other service above and beyond the office based service that is reasonably required to enable the Finance Care Service to act in the Client's best interests.

Our Appointee is a Solicitor (not practising) and our fees outside of the normal office based monthly fee is £65.00 per hour plus reasonably expenses (such as travel) as required.

16. RELINQUISHMENT OF THE APPOINTEESHIP

If a request is to be made for the Client to manage their own welfare benefit responsibilities following our appointment then we will require confirmation in writing from a Social Worker or suitably qualified NHS Health Professional that the Client has capacity and the capability to manage their monies. The reason for this being, for us to comply with the DWP Appointee responsibilities we will need be satisfied that the Client is able to manage their legal responsibilities and welfare benefits. Following the instruction to relinquish we may ask the DWP to arrange for a Visiting Officer to meet the Client and satisfy their own criterion. In the interim and until the time of relinquishment we will continue to act.

If a request is received for a transfer of Appointeeship, a copy of the DWP BF57 document will be required from the new Appointee to allow us to release any monies held. Our costs will be billed accordingly and reasonably.

17. MANDATE TO PROCEED

PLEASE LIST VULNERABLE ADULT'S NAME AND DOB: _____

I have read and understand the Finance Care Services' Policies and Terms as set out above.

PRINT NAME: _____ SIGNED: _____

OCCUPATION: _____ DATE: _____

Please sign above and return the signed page to Infor@FinanceCareService.org

Or post to:

**Finance Care Service
12-14 Shaw's Road
Altrincham, WA14 1QU**

If you have any questions please contact us on 0161 973 5759.