

ID no -
Ops(E)21-issue 13 - July 09



Application form

Once you have completed this form, please return it to: ILF, Equinox House, Island Business Quarter, City Link, London Road, Nottingham, NG2 4LA.

This application form is available in Welsh, languages other than English and other formats such as large print and Braille. Please contact us if you would like a form sent in a different format or language. Our contact details are -

- **Phone** 0845 601 8815 or 0115 945 0700
- **Fax** 0115 945 0944
- **e-mail** funds@ilf.org.uk

Before you start to fill in this form, please read the guidance notes. Reading the notes first will help you fill in the application form properly. There is also a word list at the back of the notes booklet, that explains some of the words you may not understand.

Please complete this form in block capitals using an ink pen.

Applicants name

Local authority

Part one - about you

If you are filling in this form for someone else, tell us about them, not yourself.

Last name

Title

Mr / Mrs / Miss / Ms (please circle)

First names

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

National insurance number

--	--	--	--	--	--	--	--	--

Address

Postcode

Daytime phone number
(please include area code)

E-mail address

In what format or language
would you prefer us to send
you information in?

What is your impairment or
disability?

Is this your first application
to the ILF?

Yes

No

If No, what is your reference
number?

Your ethnic group

We would like you to fill in this page about your cultural background, although it is not compulsory.

We will look at the information you give to see if some groups make applications to us more than other groups. We can then consider whether we need to try and reach under-represented groups and make sure that our services are fairly provided.

This page is removed from your application form when we receive it. The person who processes your application will not have access to any data you give.

Please tick one box to indicate your cultural background.

White

- | | | | | | |
|--------------------------|---------|--------------------------|----------|--------------------------|------------------------|
| <input type="checkbox"/> | British | <input type="checkbox"/> | Welsh | <input type="checkbox"/> | English |
| <input type="checkbox"/> | Irish | <input type="checkbox"/> | Scottish | <input type="checkbox"/> | Other White background |

If other, please specify _____

Mixed

- | | | | |
|--------------------------|---------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | White and Black African |
| <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Other mixed background |

If other, please specify _____

Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

- | | | | | | |
|--------------------------|------------------------|--------------------------|-----------|--------------------------|-------------|
| <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladeshi |
| <input type="checkbox"/> | Other Asian background | | | | |

If other, please specify _____

Black, Black British, Black English, Black Scottish or Black Welsh

- | | | | | | |
|--------------------------|-----------|--------------------------|---------|--------------------------|------------------------|
| <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> | Other Black background |
|--------------------------|-----------|--------------------------|---------|--------------------------|------------------------|

If other, please specify _____

Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh

- | | |
|--------------------------|---------|
| <input type="checkbox"/> | Chinese |
|--------------------------|---------|

Other

Please tick this box if you are from any other background. Please specify _____

Please tick this box, if you don't want to provide this information.

Part two - for people signing on behalf of the applicant

If you have a representative (see guidance notes, page 16, for explanation), they need to complete this page. If you are filling in the form yourself, please ignore this page.

I have power of attorney

We will send all our letters to you. You must sign the declaration on the applicant's behalf. You will also need to send us your power of attorney document with this application.

I am a receiver under a court of protection order. Or in Scotland, a tutor, a curator, or guardian appointed in terms of the law.

We will send all our letters to you, but the applicant will need to sign this form.

I am their benefits appointee.

We will send all our letters to you. You must sign the declaration on the applicant's behalf.

They cannot manage their own affairs because of a mental illness or mental impairment.

We will send all our letters to you, but the applicant will need to sign this form.

Last name

Title

Mr / Mrs / Miss / Ms (please circle)

First name

Relationship to applicant (if any)

Contact details
(please include any codes)

Phone

Mobile

E-mail

Address

Postcode

Part three - your current address

Are you living in hospital or residential care at the moment?

Yes

No

If Yes, please give us the full address of the hospital or residential unit, including the ward name or number.

When do you expect to move to your own home? It is important that you give us a date if you can.

Part four - our criteria

Please answer every question.

Are you entitled to the highest rate care component of Disability Living Allowance (DLA)?

Yes

No

Are you aged between 16 and 64 years?

Yes

No

Do you wish to live at home and need someone to help care for you?

Yes

No

Do you and your partner have less than £23,000 of savings and capital? (See guidance notes, page 16, for explanation).

Yes

No

Do you normally live in the UK? (The UK is England, Scotland, Wales or Northern Ireland.)

Yes

No

If you have answered No to any of these questions, we will not accept an application from you as you have not met our criteria.

Part four - our criteria continued

Do you have a trust fund (see guidance notes, page 16, for explanation) or compensation worth more than £23,000?

Yes

No

If you have answered Yes to this question, it is unlikely that we can accept an application from you. Please refer to the booklet for more information.

Are you subject to immigration control within the meaning of section 115(9) of the Immigration and Asylum Act 1999?

Yes

No

If you have answered Yes to this question, we cannot accept an application from you.

Are you currently living in the UK?

Yes

No

Have you lived in the UK for at least 26 weeks in the last year?

Yes

No

If you have answered No to either of these questions, we will need to contact you for more information.

Are you in paid employment or self-employed for at least 16 hours a week?

Yes

No

Do you get Income Support (IS), income-based Job Seekers Allowance (JSA), income-related Employment and Support Allowance (ESA) or pension guarantee credit?

Yes

No

If you have answered No to both of these questions, the ILF will not be able to help you, unless we assess your income as being at a similar level to IS.

Does anybody claim child benefit for you? (This may be payable if you are under 19 years of age and in full-time education)

Yes

No

If yes, what is their date of birth?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

NOTE – if somebody claims child benefit for you, they must complete Section two “Financial information”, as it is their financial details we need.

Section two

Financial information

Remember – if child benefit is being claimed for you, the person who claims this benefit must complete this section giving their income details. (This is normally the parent or guardian.)

Part one - about your family

Do you have a partner?
(See guidance notes, page 16, for explanation.)

Yes No

If Yes, what is their date of birth?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do you have any children under 19 years of age and in full-time education?

Yes No

If Yes, what are their dates of birth?
(If you have more than two children please give their details on a separate sheet.)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Does your partner get the care component of DLA/AA?

Yes No

If Yes, how much do they get a week?

£

Does anybody get carers allowance for looking after you?

Yes No

If Yes, please tell us who?

Partner Third party

Part two - about benefits, pensions and tax credits

Do you, or someone on your behalf currently receive IS?

Yes No

Do you or your partner get Severe Disability Premium (SDP) paid with your IS? (Your IS letter will say that you get an additional amount because you are severely disabled.)

Yes No

If Yes, how much are you paid each week?

£

Part two - about benefits, pensions and tax credits continued

Do you or your partner get income-based JSA? Yes No

Do you or your partner get SDP paid with your JSA? (Your JSA letter will say that you get an additional amount because you are severely disabled). Yes No

If Yes, how much are you paid each week? £

Do you or your partner get income-related ESA? Yes No

Do you or your partner get SDP paid with your ESA? (Your ESA letter will say that you get an additional amount because you are severely disabled.) Yes No

If Yes, how much are you paid each week? £

Do you or your partner get contribution-based JSA/ESA? Yes No

If Yes, how much are you paid each week? £

Do you or your partner get pension credit? Yes No

If Yes, do either of you get the guarantee credit? Yes No

Do you or your partner get a severe disability addition as part of this? Yes No

Do you or your partner get the savings credit? Yes No

If you are unsure which type of pension credit you get, please send us a copy of your confirmation letter with this form.

If the claim for IS/JSA/ESA or pension credit is **not** in your name, please tell us whose name it is in.

Their National insurance number.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Their relationship to you.

Part three - about capital

Do you or your partner have any money in a bank or building society account?

Yes No

If Yes, how much do you have?

£

Do you or your partner own a property that you do not live in?

Yes No

Do you or your partner have any other capital?

Yes No

If Yes, please tell us what the capital is and its value. If you have shares, please tell us how many you have, the company they are held with and their current value. (Please continue on a separate sheet if necessary.)

Do you or your partner have a trust fund, or get money from a trust fund?

Yes No

If Yes, what is the fund type and how much is the fund worth?

Type

£

Do you or your partner have monies held by the Court of Protection (England and Wales) Office of Care and Protection (NI) or the Office of the Public Guardian (Scotland)?

Yes No

If Yes, what is the amount?

£

Have you or your partner had a compensation award?

Yes No

If Yes, when was the compensation received?

How much did you get?

£

If you have not received it yet, when do expect to get it?

Are you or your partner intending to pursue a compensation claim?

Yes No

Part four - your income

If you get IS, income-based JSA, income-related ESA or Pension Guarantee Credit, you don't need to fill this section in. Please go straight to section three.

Remember, if child benefit is being claimed for the applicant, please complete this section with the details of the person who claims the child benefit (usually the parent or guardian).

We need to know about the benefits you and your partner receive and the amount of money you get. Please fill in the weekly amounts below if you are paid the benefit.

Type of benefit	Your weekly amount	Your partner's weekly amount
Bereavement allowance	£	£
Incapacity benefit	£	£
Industrial injuries disablement benefit	£	£
Retirement pension	£	£
Severe disablement allowance	£	£
War disablement pension	£	£
War widows pension	£	£
Widowed parent allowance	£	£
Carers allowance	£	£
Contribution-based ESA	£	£

If you receive industrial injuries disablement benefit, war disablement pension or war widows pension, please let us know the components you get and the amounts you are paid. (Your benefits agency can give you a breakdown if you don't have one).

Part four – your income continued

We need to know about the income you and your partner receive and the amount you are paid. (See guidance notes, page 15, for explanation of net earnings.)

Type of benefit

Your weekly net amount

Your partner's net weekly amount

Child maintenance

£

£

Net earnings/payments in lieu of earnings

£

£

Working tax credit

£

£

Statutory sick pay

£

£

Occupational pension

£

£

Do you receive any other type of income?

Yes

No

If Yes, where is the income from and how much do you get a week?

Boarders and lodgers

(See guidance notes, page 15, for explanation.)

Do you or your partner receive an income from boarders who pay to live in your home?

Yes

No

If Yes, how much do they pay you each week?

£

Subletting

Do you or your partner receive an income from subletting part of your home?

Yes

No

If Yes, how many tenants do you have?

How much do they pay you each week?

£

Part five – housing costs and other allowable expenses

Do you or your partner make mortgage payments?

Yes

No

If Yes, please tell us the amount you pay each month. Please don't include your house or contents insurance. (This figure should include both parts of an endowment mortgage and linked insurance).

£

Do you or your partner make a payment to an insurance company to protect your mortgage payment against unemployment or sickness?

Yes

No

If Yes, how much do you pay each month?

£

Are your mortgage payments currently being made by an insurance company through a mortgage protection scheme?

Yes

No

If Yes, what date will this arrangement stop?

£

Do you or your partner pay rent by written agreement?

Yes

No

If Yes, please tell us how much you or your partner pay after housing benefit has been deducted?

£

How often do you pay it?

Per week/per month/per year*

*please delete as appropriate

Part five – housing costs and other allowable expenses continued

Do you or your partner pay ground rent?

Yes

No

If Yes, how much do you pay per year?

£

Do you or your partner pay water rates?

Yes

No

If Yes, how much do you pay per year?

£

Do you or your partner pay council tax?

Yes

No

If Yes, how much do you pay per year (net of any housing benefit)?

£

Do you or your partner make any repayments towards a loan taken out in order to make disability related adaptations to your home?

Yes

No

If Yes, please tell us what sort of adaptations have been carried out. You need to enclose a copy of the loan agreement, including the amount the loan is for and the interest rate. (If you do not include this information, your application will be delayed.)

Do you or your partner make any payments to the child support agency, or pay child maintenance?

Yes

No

If Yes, how much do you pay each calendar month?

£

Section three

This section must be filled in. You, or your representative must sign and date both the declaration and consent in all cases.

Please read through this section and then complete and sign the declaration and consent statements on the following pages.

How the ILF collects and uses information about you.

When we ask you to give information, we must deal with it according to the Data Protection Act.

The Data Protection Act says that information must:

- be collected and dealt with fairly;
- only be used for the purpose it was collected for;
- be accurate;
- be up to date;
- be kept only for as long as it is needed; and
- be kept safe.

The information given on this form will be used to help us process your application and administer any funding that may be awarded now or in the future.

The ILF may also get information about you from certain third parties, and on occasions we may also be asked to share information. We would only do this in accordance with the law and, for example, where we need to:

- confirm the accuracy of information that we have;
- detect or prevent crime; or
- prevent misuse of public funds.

The third parties who we may share information with are:

- the Department for Work and Pensions (DWP);
- local authority social services departments (and any agents acting on their behalf);
- the representative or appointee acting on your behalf;
- the ILF's solicitors and/or other professional advisors;
- the police;
- the ILF assessors; or
- your personal assistants.

By providing the information requested on this form you consent to us processing information about you as described above.

Your rights

You have a right to ask for a copy of the information we hold about you. You have a right to request that we correct any information held about you that is incorrect. If you would like a copy of your information or you would like to know more about your rights under the Data Protection Act, please write to our Records Manager.

Alternatively you can contact the Information Commissioner at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.informationcommissioner.gov.uk

Consent to contact the Department for Work and Pensions (DWP)

From the beginning we need to share some of the information you have given us on this form with the DWP.

This is because we need to check with the DWP that you still get the benefits you have told us about in this form. We have to do this because we have an obligation to take reasonable steps to ensure that we are giving the right amount of money to the right person.

To enable us to process your application, you need to sign and date the declaration and consent on the following pages.

Notes for your social worker

Minimum Local Authority (LA) provision

We can only accept an application if the services or direct payment provided by the LA are a minimum of £16,640 per year (£320 per week), net of VAT and any user contribution. If the LA has been providing services to the value of more than £320 per week, for more than three months, prior to the application being made, we expect the LA to continue to provide services at that level.

The £16,640 minimum services/funding cannot include anything that is funded by the health authority or education authority. Any funding that is not from the LA Community Care Budget **cannot** be included in the £16,640 minimum.

Qualifying support and services (QSS)

We have rules about the type of costs we can allow a LA to include in their minimum input towards a care package. The cost of providing the following services can be included:

- cleaning and other domestic duties;
- cooking and preparing food and drink;
- laundering and ironing;
- shopping;
- personal hygiene and grooming;
- dressing;
- eating;
- drinking;
- physical movement such as turning, walking;
- supervision in order to avoid substantial danger to themselves or others; and
- day centre and respite care and transport to and from these services.

Maximum ILF contribution

The maximum contribution we are able to make to the overall care package is £475 per week.

Joint commissioning

If the local authority is working together with the health authority under joint commissioning arrangements involving pooled budgets, we will ask for each of the proportions of health and social services funding. We will only accept the social services proportion as contributing to the £16,640 minimum local authority contribution. If joint commissioning applies in your authority, and you have any queries about this, please phone our LA liaison team for advice.

Section 117 of the Mental Health Act 1983

When someone is entitled to care under Section 117 of the 1983 Mental Health Act, all their care needs at the point of discharge from hospital should be covered by the aftercare plan. The health authority and the social services department have a duty to meet the needs free of charge, as stipulated in the Law Lords decision in 2002.

If further needs outside the scope of the aftercare plan have arisen since the aftercare plan was drawn up, it is possible for the ILF to consider these extra needs in the normal way if the first £320 of the extra needs is covered by social services.

Please enclose with this application:

- a copy of the aftercare plan at the point of discharge under Section 117; and
- details of additional care needs unconnected with this plan which have arisen since that date.

Care schedule

The care schedule enables you to give a breakdown of the average weekly cost of services funded, or to be funded, by your department. This average weekly figure is essential as it demonstrates that one of our eligibility criteria is met.

It is essential that all relevant sections are completed. If the regular service types stated are inappropriate, please feel free to change the headings. If you need more space please continue on a separate sheet of paper and include it with this form.

Please ensure that you highlight any local authority care provision currently funded on a temporary basis that you wish us to consider taking over. Please note that we will not normally take over any care provision that has been in place for more than three months.

Part one – declaration and consent signature

You, your power of attorney or your benefits appointee must sign and date both the declaration and consent. We will not be able to pay you any money until we have received your consent.

Declaration

THIS DECLARATION MUST BE SIGNED AND DATED IN ALL CASES

I confirm that, to the best of my knowledge, the information supplied in this form is true and complete and I understand that you will rely on this for the purposes of calculating and processing my payments. I understand that I will need to contact the ILF if my circumstances change. (See guidance notes, page 15, for explanation.)

Signature

(of applicant/power of attorney/benefits appointee)

Print name

Date

If you are signing on behalf of the applicant, you must be their power of attorney or benefits appointee, please give us your details below.

Name

Address

Phone number

Please tick to show which representative you are

Power of attorney

Benefits appointee

Part one – declaration and consent signature continued

Consent

THIS CONSENT MUST BE SIGNED AND DATED IN ALL CASES

In all cases, you, your power of attorney or your benefits appointee, must sign the first consent. If you have a partner who claims IS, JSA, ESA or Pension Credit for you, then your partner must also sign the second consent (on the next page).

First consent

- I consent to the Independent Living Fund (2006) (“the ILF”) giving information I have provided about the benefits I receive to the Department for Work & Pensions (“DWP”) and making any necessary enquiries with the DWP to check that this information is correct.
- I understand that I may have provided this information at the time of my application to the ILF or at any other time during my relationship with the ILF.
- I agree that the DWP may carry out any necessary processing to check that this information remains correct and may tell the ILF about any relevant changes.
- I understand that, where the DWP tells the ILF about changes, the ILF will use this information to check whether I am eligible to continue receiving payments from the ILF.

Signature

(of applicant/power of attorney/benefits appointee)

Print name

Date

Applicant's name

Applicant's national insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you have signed on behalf of the applicant, please tick to show which representative you are

Power of attorney

Benefits appointee

Part one – declaration and consent signature continued

If your partner claims IS, JSA, ESA or pension credit for you they must sign the consent below.

Second Consent

- I consent to the Independent Living Fund (2006) (“the ILF”) making such enquiries of the Department for Work and Pensions as are necessary to access the validity of this application to the ILF. The Department for Work and Pensions may carry out such processing as is necessary to check that this information is correct and may inform the ILF of any relevant changes that would affect the user’s eligibility to continue receiving payments from the ILF.

Signature

Name

Date

National insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section four

This section needs to be completed by your local authority social worker.

Part one – to be completed by LA Social Worker

QSS services

Have you agreed with your department that it is able to provide services or a direct payment to provide QSS to the value of at least £16,640 per annum/£320 per week net of any user contribution?

Yes

No

If you have answered No to the above question we cannot accept an application from this applicant. If you have answered Yes, please continue with the application.

The care package and local authority contribution

Have you assessed the applicant as needing services or direct payments to provide QSS jointly with the ILF to the value of at least £26,000 per annum/£500 per week (gross of any client contribution)

OR

Is the applicant in paid work (employed or self-employed) of at least 16 hours per week?

Yes

No

If you have answered No to the above question we cannot accept an application from this applicant. If you have answered Yes, please continue with the application.

Does the applicant currently receive aftercare under Section 117 of the Mental Health Act 1983 or is the applicant subject to a Community Treatment order under the Mental Health Act 2007?

Yes

No

Is the applicant currently subject to a compulsory treatment order under the Mental Health (Care and Treatment) (Scotland) Act 2003?

Yes

No

If you have answered Yes to either of the above questions, please send the relevant documents with this application.

Part one - to be completed by LA Social Worker continued

Long stay hospitals

Has the applicant ever been a resident in a long stay hospital?

Yes

No

If you have answered Yes, to the above question, please answer questions 1,2 and 3 below. If you have answered No, please go straight to Part 2 over the page.

1 Has the applicant been living in the community, for example with relatives, for at least six months?

Yes

No

2 Is the applicant moving from local authority funded residential care (where they have been living for at least six months) to independent living?

Yes

No

3 Is the applicant moving to independent living from a nursing home funded partly by the NHS and partly by the local authority where they have been living for at least six months?

Yes

No

If you have answered No, to all of the above questions, please answer questions 4, 5 and 6 below. If you have answered Yes to any of these questions, please go straight to Part 2 over the page.

4 Is the applicant moving directly from a long stay hospital to independent living?

Yes

No

5 Is the applicant moving directly from NHS Campus accommodation to independent living?

Yes

No

6 Is the applicant moving directly from a nursing home placement fully funded by the NHS to independent living?

Yes

No

If you have answered Yes, to any of the above questions we cannot accept this application. If you have answered No, please continue with this application.

Part two – shared care situations

Shared care situations

Does the applicant live in a shared care situation? This means do they share any part of their support with other people?

Yes

No

If you have answered Yes, our assessor will contact you for more information before the joint visit.

Part three – care schedule

Please complete the care schedule giving a breakdown of the average weekly cost of QSS services funded, or to be funded by your department. The average weekly figure is essential as it confirms that the local authority is providing/will provide regular and ongoing (at least four payments per year, once every 13 weeks) services/funding to the value of £16,640 per year (equivalent to £320 per week) net of any user charge or VAT.

Supporting people grant (Wales and Northern Ireland)

Amount paid

Date awarded

Part three – care schedule continued

NOTE – Only complete this page if the applicant has a personalised/individual budget scheme.

Please indicate how much funding has been allocated, by your department, to this applicant under a personalised or individual budget scheme.

In order to meet our eligibility criteria, your department must be putting in a minimum of £16,640 per year to this applicant for QSS.

If the applicant has a support plan, please make it available at the joint assessment visit.

QSS	Non QSS	
	Gross weekly QSS amount	£
	Minus weekly user charge	£
	Total (net LA input)	£

Part three – care schedule continued

ILF package

Under our present rules, we have to prioritise eligible applications.

The cost of the proposed care package funded by us and the LA must be at least £500 per week/£26,000 per year. This requirement does not apply if the applicant is in paid work (employed or self-employed) of at least 16 hours a week. Having assessed the applicant's needs, please give a financial breakdown of the weekly funding you need from the ILF. Please give us as much information as you can.

For example, please tell us how many hours are needed and at what hourly rate. When requesting a contribution towards daycentre costs, please confirm whether the day centre provision is LA owned or privately owned.

NOTE – If the applicant has a personalised/individual budget please do not fill this section in.

Please highlight any LA care provision currently funded on a temporary basis

Type of regular service	Date began/ will begin	Hours/days per week	x	Hourly rate/ daily rate net of VAT £
Daycentre			x	
Direct payments			x	
Agency care			x	
In-house homecare			x	
Merged care		Give total package costs and details of funding sources (for example LA/ILF/HA)		
Respite care		Frequency-number of nights /weeks per year	Annual (gross) cost of service	

that the ILF are to consider taking over.

Weekly cost of service net of VAT £	+	Additional weekly costs (for example transport) £	-	Weekly user charge for service £	x	Total weeks per year	÷	Average weekly cost to LA £
	+		-		x		÷ by 52 weeks	
	+		-		x		÷ by 52 weeks	
	+		-		x		÷ by 52 weeks	
	+		-		x		÷ by 52 weeks	
				LA user Charge	x		÷ by 52 weeks	
£			-	Annual user charge for respite _____			÷ by 52 weeks	
Total average weekly net LA input								£

Part four – the joint assessment visit

What is the name of the person who will accompany our assessor to the joint assessment visit? (Please complete in ink pen and block capitals).

Last name _____

Title Mr / Mrs / Miss / Ms (please circle)

First name _____

Local authority _____

Position or title _____

Contact team _____

Phone number (please include area code) _____ Ext _____

Mobile number _____

Fax number _____

E-mail address _____

Address _____

_____ Post code _____

General working pattern (such as unavailable Thursdays, or work pm only)

Part five – declaration

This declaration needs to be signed before the application can be accepted.

I support this application to the Independent Living Fund (2006). I have discussed the application with the applicant and/or their representative and made them understand the purpose of the application. I certify that to the best of my knowledge, the information provided about the applicant named on this form is true. I certify that to the best of my knowledge the information provided by my department on this application form is true.

Signature _____

Date _____

Name in block capitals _____

Local authority _____

Position within authority _____

Office address _____

Postcode _____

Phone number
(including area code) _____

Fax number _____

E-mail address _____

