

**Short Term**

**Breaks**

**Financial Declaration**

April 2024



**Financial Declaration**

This form should be completed by the person having the short-term break (or their financial representative) and returned to the social worker.

**Instruction to Social Worker**:

Please email completed form to the FIAT team at: fiatres@bolton.gov.uk

|  |  |
| --- | --- |
| Name of person having the short-term break |  |
| Their address |  |
|  |  |
|  |  |
|  |  |
| Name of residential/nursing home |  |
| Period of stay | From |  | To |  |  |
| Full weekly cost of care | £  |  |
|  |  |  |  |
| Does the person going into the short-term break have someone who helps them manage their money? | Yes |  |  |
| No |  |  |
|  |
| If Yes, please provide their details below: |
| Name |  |
| Address |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick where you wish your bills to be sent to  | Myself |  | My financial representative |  |

**Charges for Short Term Breaks (up to six weeks) From 08th April 2024**

Under 25 years £110.10 per week

25 years to pension age £128.90 per week

Over pension age £188.00 per week

Please tick all boxes that apply:

I confirm I will have to pay the **full** cost of the service provided as I have capital **over £23,250**.

I confirm I will pay the **reduced** cost (as above) of the service provided as I have capital **below £23,250**.

I am in receipt of Universal Credit

I accept it is my responsibility to advise Bolton Council if there are any changes in my circumstances that will affect the charges I have to pay and agree that Bolton Council may obtain independent proof from the appropriate organisation.

I accept that not following these requirements may result in my having to pay the full cost of the service.

Please note that the above amounts are subject to an income check with the Department of Work and Pensions and any stay longer than six weeks will be eligible for a full financial assessment.

|  |  |
| --- | --- |
| Signed (Client) |  |
| Date |  |
| Signed (Financial Representative) |  |
| Date |  |