

To be completed by support provider:

New claim Yes / No

Housing Benefit Review Check Yes / No

Application for  
**Supporting People Subsidy  
and Benefits Check from  
May 2011**



**To be completed by applicant or on behalf of applicant**

**Important:** By completing this form you are agreeing for us to send your details to the Financial Assessment team. We will inform your support provider the outcome of the assessment. You may be asked to contribute to the cost of the service depending on your savings and/or income. If you do not complete this form you will be required to pay the full charge.

**Note:** If you have savings over £23,250 you may not be eligible for Supporting People subsidy unless you receive Guaranteed Pension Credit. This will be determined through the assessment.

**Full Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Please tick one of the following which describes your accommodation:**

Rented     Owner     Retirement Leaseholder     Other Leaseholder     Mobile or Park Home

**If Leaseholder, please name the Management Company and Telephone No:**

\_\_\_\_\_ **Tel:** \_\_\_\_\_

**Is this a joint tenancy?**                      Yes                       No

**Date moved into property:** \_\_\_\_\_

**Service type:**     Floating Support: Number of Hours 1-1 per week

Accommodation based

**(Alliance Homes) Sheltered Resident:** Low/Medium/High

**(Alliance Homes) Support at Home Outreach:** Medium/High

**Support provider details:** This is the organisation that you have asked to provide your service.

**Organisation Name/ Number:** \_\_\_\_\_

**Service Name/ Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**If you require this form in another format, for instance, Braille, large type, on tape or another language, please call 01275 888 440**

**Are you in receipt of the following?**  
(Please delete as appropriate)

**If no have you applied?**

**Housing Benefit?**

Yes / No

Yes / No

**Previously in receipt of Housing Benefit?**

Yes / No

**Council Tax Benefit?**

Yes / No

Yes / No

**Income Support?**

Yes / No

Yes / No

**Guaranteed Pension Credit?**

Yes / No

Yes / No

**Do you receive Home Care services?**

Yes – and it is free of charge

Yes - I pay towards the cost

No

If you receive Housing Benefit, Council Tax Benefit, Income Support or Guaranteed Pension Credit, you will automatically be eligible for full Supporting People Subsidy.

**If NOT, we may contact you and arrange to visit you at home.**

**If we visit you at home, we will need evidence of your income and any regular living expenses you have to pay, including:**

- state pension & allowance book/occupational pension
- any savings/bank statements
- rent/service charges/mortgage details
- special diet

We will also help you claim for any additional benefit you may be eligible for.

**Do you want your Support Provider or someone else to be at this meeting?**

Yes  No

If yes, please give contact details: \_\_\_\_\_

\_\_\_\_\_

**Please tell us when it is best to contact you.**

For example, “not before 10 am” or “best between 1 and 2 on a Wednesday”

\_\_\_\_\_

If you are awarded Housing Benefit, but would like a home visit to discuss any other benefits you may be entitled to, please call the Bath Pension Centre on Freephone **08456 060 265**.

If you have any queries regarding Housing Benefit you can call Liberate on **01934 888136 or 888138**

**Your Details:**

**PLEASE COMPLETE IN BLOCK CAPITALS**

**Title:** Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**National Insurance Number (Required):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Contact telephone number:** \_\_\_\_\_

**Thank you for completing this form. Please sign and date the form below.**

I agree that the personal and financial information I have given on this form and/or will give to the Financial Assessments and Benefits Officer during a visit may be shared with the following agencies and/or used to verify entitlements to Benefits/Pensions on an on-going basis:

- Liberata (Housing Benefits) for the sole purpose of assessing eligibility for Supporting People subsidy
- Department for Work and Pensions
- North Somerset Council

I tick this box as confirmation for my consent

I may withdraw my consent at any time by writing to the address below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send it to:  
Team Support Officer  
Supporting People Team  
Weston Court  
Oldmixon Crescent  
Weston-super-Mare  
BS24 9AU

We will notify you of the outcome of the financial assessment as soon as possible after confirmation of Housing Benefit or after the home visit. We will notify your Support Provider how much Supporting People subsidy we will pay on your behalf.

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**To be completed by the Supporting People Team**

**Type of contract:** Block (invoice – if not eligible) (only if in receipt of homecare)   
Subsidy (provider collects – if not eligible)

**What is the total contract cost for Supporting People?** £ \_\_\_\_\_ per week/month  
**Details of how total contract cost above has been calculated:**

If English is not your first language and you would like this information translated, please tick the relevant box, fill in your details overleaf and return this page to the address shown.

### ARABIC

ان لم تكن الانجليزية لغتك الاولى وان رغبت الحصول على ترجمة لهذه المعلومات، يرجى وضع علامة "صح" في المربع المناسب واكمل الاستمارة على الوجه الآخر من هذه الصفحة وارسالها الى العنوان المبين.

### BENGALI

কৃষ্ণ কৃষ্ণন ব্ৰহ্মজি ইজি এজি কু, হহু ব্ৰহ্মে হি এবি এএহি এ ল-ই জি, এজি-ম এফক্ৰস্ হ-,  
ফ্ৰি ফ্ৰি ফ্ৰি, ব্ৰহ্মজি ফ্ৰি ফ্ৰি এবি এফ-এল ফ্ৰি এজি ইজি হহু হি ফ্ৰি ফ্ৰি এবি এ-জি ফ্ৰি ফ্ৰি এজি  
-গ্লা ফ্ৰি ফ্ৰি-এ ফ্ৰি

### CHINESE

如果英語不是你的第一語言而你想這資料翻譯，請在相關的格子打勾，在後頁填上你的詳情並把這頁寄回所示地址

### GREEK

Σημειώστε στο κουτάκι αν τα αγγλικά δεν είναι η μητρική σας γλώσσα και χρειάζεστε μετάφραση, συμπληρώστε τα προσωπικά σας στοιχεία στο πίσω μέρος της σελίδας και ταχυδρομήστε την στη διεύθυνση που καταγράφετε.

### POLISH

Jeśli angielski nie jest twoim ojczystym językiem, a chciałbyś otrzymać tłumaczenie podanych informacji, zaznacz odpowiednią kratkę, wpisz dane osobowe na odwrocie i prześlij niniejszą kartkę na podany adres.

### PORTUGUESE

Se o inglês não for o seu primeiro idioma, e desejar que estas informações sejam traduzidas, por favor marque a caixinha relevante, preencha os seus dados no verso e envie esta folha para o endereço indicado.

### PUNJABI

ਜੇ ਅੰਗਰੇਜ਼ੀ ਤੁਹਾਡਾ ਮਾਂਭਾ ਭਾਸ਼ਾ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਨੂੰ ਅਨੁਵਾਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਹੀ ਟਿੱਕਾ ਲਗਾਓ, ਆਪਣੇ ਵਿੱਤੀ ਜਾਣਕਾਰੀਆਂ ਅਤੇ ਸੰਪਰਕ ਵਿੱਚ ਅੰਗਰੇਜ਼ੀ ਵਿੱਚ ਆਪਣੇ ਨਾਮ ਅਤੇ ਪਤਾ ਦਿਓ ਅਤੇ ਇਸ ਪੱਤੇ 'ਤੇ ਭੇਜ ਦਿਓ।

### THAI

หากท่านไม่ได้ใช้ภาษาอังกฤษเป็นภาษาแม่ และต้องการให้มีการแปลข้อมูล ก็กรุณาทำเครื่องหมายในช่องที่เกี่ยวข้อง กรอกรายละเอียดของท่านด้านหลังและส่งเอกสารแผ่นนี้กลับไปยังที่อยู่ที่ได้รับ

### TAGALOG

Kung hindi Ingles ang iyong pangunahing wika at iyong nais na nakasalin-wika ang impormasyong ito, i-tick ang nauukol na kahon, sagutan ang iyong mga detalye sa likod nito at ibalik ang pahinang ito sa address na ipinakita.