



Bracknell Forest Council

Supporting People Subsidy Application Form For Chargeable Services

This form needs to be printed off, completed and returned to the address at the end of the form

If you receive a support service e.g. from a scheme manager, support worker or a stand alone community alarm service, and this service is meant to last for more than two years a charge will be made for the service.

You will have to pay this charge yourself unless you have applied for and been awarded a Supporting People Subsidy to pay for some or all of the charge.

The information you provide on this form will help us to decide if we will pay this subsidy. Usually the information you provide us with here will be enough for us to decide whether or not to pay the subsidy. Very rarely we will need to contact you to obtain more information.

If we decide to award the Supporting People Subsidy we will pay it directly to your support provider.

About You (All applicants)

1) Your Details

Title: _____

Surname / Family Name: _____

First Name: _____

National Insurance No. (NINO) _____

Date of Birth _____

Daytime Telephone No. _____

Office Use Only			
Date received		Effective date for HB	
Entered on system (date)		Other passport	
HB checked (date)		Fairer Charging required	
HB passported Y/N		Fairer Charging Outcome	
HB actions		Passport status confirmed on system	
SP Enquiry letter (date)		SP Final confirmation letter sent (date)	

[Restricted]

About the support you will be or are receiving (All applicants)

2) Has your service manager already told us that you will be receiving support?

- Yes go straight to question 5
No go to question 3
Don't know go to question 3

3) Address at which you will be living when you receive the support

1st Line of Address: _____

2nd Line of Address _____

3rd Line of Address _____

4th Line of Address _____

Postcode: _____

4) Details about the Support Service

Name of the organisation providing the service: _____

Name of the Service _____

Weekly cost of the support provided _____

All Applicants

5) Date Support will commence / has commenced

Date support started/is due to start _____

Date you wish payments to start from if different from the above _____
(Note this cannot be before the start date of the support)

If the commencement date for payments is more than 4 weeks before the date that you are signing this form, you need to give us reasons why you did not apply sooner. We will then decide whether we can backdate any subsidy awarded.

Is this because you were not made aware of the need to claim the subsidy?

- Yes
No

Is this because you have changed your mind and now want to apply for a subsidy?

- Yes
No

Is this because your financial circumstances have changed and you now want to apply for a subsidy?

- Yes
No

Is there another reason?

- Yes
No

If "yes" what is this? _____

Financial details (All applicants)

6) Do you receive Housing Benefit? (To help pay your rent)

- | | |
|--|--|
| Yes | <input type="checkbox"/> go straight to question 8 |
| No, but I am currently applying for it | <input type="checkbox"/> go to question 7 |
| No and I am not applying for it | <input type="checkbox"/> go to question 7 |

7) If you do not receive Housing Benefit do you receive Council Tax Benefit?

- | | |
|--|--|
| Yes | <input type="checkbox"/> go to question 8 |
| No, but I am currently applying for it | <input type="checkbox"/> go to question 8 |
| No and I am not applying for it | <input type="checkbox"/> go to question 10 |

8) Housing Benefit / Council Tax Benefit Number if Known: _____

Validating Housing Benefit / Council Tax Benefit Claim (All Applicants)

Anyone who gets any amount of Housing Benefit can get Supporting People subsidy up to the maximum allowable for that service. Even if you only get Council Tax Benefit you could still be entitled to some level of Supporting People subsidy. The Housing Benefit Team can share information with us about your Housing or Council Tax benefit but only if you give your consent for this.

To assess your application as quickly and simply as possible we would like **your authorisation** for the Council's Housing Benefit Team to pass the following information to the Council's Supporting People Team:

- a) The outcome of your Housing Benefit application if you have made one;
- b) Changes to your Housing Benefit including stopping Housing Benefit or Council Tax Benefit

9) Please tick here if you do NOT consent to Housing Benefit providing us with this information

Note that if you have applied for Housing Benefit or Council Tax Benefit and do not give your consent for Housing Benefit to provide us with the information, it will be **your responsibility to send us proof** of the outcome of that application, either now or when you have it.

10) If you do not receive Housing Benefit or Council Tax Benefit do you receive any other means tested or non-means tested benefits such as Income Support?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If yes which benefits are these?

Please send us proof of these benefits such as a recent letter from the Benefits Agency. We will return any documents back to you. Please do not send your order book.

We will not be able to assess your application until you do.

Other Information

11) Please give any other information you think may be relevant.

Continue on a separate sheet if necessary

Declaration and signature (All Applicants)

All applicants must sign this form if possible, even if someone else has filled in this form for you and or you have asked for correspondence to be sent to someone else.

If you are not able to sign this form yourself please go straight to question 15)

When you sign this form you are agreeing that:

- The information you have given on this form is correct and complete

Note that:

- If you give us information that is incorrect or incomplete this may delay your award of Supporting People subsidy or you may not receive any subsidy and we may take action against you, including court action.
- We will use the information that you have provided to deal with your claim for Supporting People Subsidy, and we may check the information with other departments in accordance with question 9 above.
- You must let the Supporting People Team know about any changes in your circumstances that might affect your claim.

12) Signature _____

Date signed _____

What to do if you want someone else to receive correspondence on your behalf and or someone has assisted you to fill in this form

Go to question 13 if you want to deal with the correspondence yourself, but you want us to send the correspondence to someone else.

Go to question 14 and 16 if someone helped you to fill in this form and you were able to sign it yourself and you want all future correspondence to be sent to you.

Go to question 14 and 16 if someone else helped you to fill in this form and you were able to sign it yourself and you want all future correspondence to be sent to them

Go to question 15 and 16 if someone else is dealing with this matter on your behalf and you are not able to sign it yourself

13) Please give details of the person you wish us to correspond with here:

Title _____

Surname / Family Name _____

First Name _____

Their full address including postcode:

1st Line of Address _____

2nd Line of Address _____

3rd Line of Address _____

4th Line of Address _____

Postcode _____

Daytime Telephone No: _____

Relationship to you _____

Please make sure you have signed and dated your application at question 12

14) Please give the details of the person assisting you to complete your application here.

Surname / Family Name _____

First Name _____

Their full address including postcode:

1st Line of Address _____

2nd Line of Address _____

3rd Line of Address _____

4th Line of Address _____

Postcode _____

Daytime Telephone No: _____

Relationship to you _____

Declaration of person assisting with completion of this form

- As far as possible I have confirmed with the person making the claim that the answers I have written on the form are correct.
- I understand that if I give information that is incorrect or incomplete you may take action against me which may include Court Action,.

Signature of the person assisting with the completion of this form:

Date: _____

Where do you want us to send correspondence regarding this claim?

Send it to me

Send it to the person helping me to complete this form

15) If you were unable to complete and sign this form yourself the person completing the form must give his or her details below.

Title: _____

First Name: _____

Your Surname / Family Name: _____

Full address including postcode:

1st Line of Address _____

2nd Line of Address _____

3rd Line of Address _____

4th Line of Address _____

Postcode _____

Daytime Telephone No: _____

Your legal authority to act on behalf of the claimant _____

You must provide us with original documentation of your authority to act on the claimant's behalf. (All documents will be returned)

Please go to question 16)

16) Declaration of person completing this form on claimants behalf

- As far as possible I have confirmed with the person making the claim that the answers I have written on the form are correct.
- I understand that I will be able to act on behalf of the person claiming
- I understand that I will receive letters for the person claiming
- I understand that I will be able to ask questions on behalf of the person claiming
- I understand that I must let you know in writing about any change in the circumstances of the person that might affect their claim.
- I understand that if I give information that is incorrect or incomplete you may take action against me which may include Court Action,.

Details for person completing the form or acting on behalf of the service user.

Name of person who filled in the form: _____

Relationship to claimant _____

Signature of the person filling in the form: _____

Date: _____

All applicants

You must tell Bracknell Forest Borough Supporting People Team of any **changes in your circumstances**, which might affect your claim for Supporting People Subsidy. These changes include changes in your financial circumstances and any change of address or a move to another service. Your support worker or scheme manager will be able to help you to do this.

Please return this form to

**Supporting People,
Adult Social Care, Health and Housing
Bracknell Forest Council,
Time Square,
Market Street,
Bracknell
Berkshire
RG12 1JD.**

For Queries ring 01344 35 1293 and ask for Supporting People.

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within the authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

If you do not receive acknowledgement that we have received your application within 28 days, please contact the Supporting People Team in the Adult Social Care, Health and Housing Department. Information contained in this form is personal data which may be held in a computer and as such is subject to the Data Protection Act 1998.

Copies of this form may also be obtained in large print, Braille, on audiotape or in other languages.

To obtain a copy in an alternate format please telephone 01344 352000

Nepali

यस प्रचारको सक्षेपं वा सार निचोड चाहिं दिइने छ ठूलो अक्षरमा, ब्रेल वा क्यासेट सून्नको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गनुहोला ०१३४४ ३५२००० ।

Tagalog

Mga buod/ mga hango ng dokumentong ito ay makukuha sa malaking letra, limbag ng mga bulag o audio kasette. Mga kopya sa ibat-ibang wika ay inyo ring makakamtan. Makipag-alam sa 01344 352000

Urdu

اس دستاویز کے خلاصے یا مختصر متن جلی حروف، بریل لکھائی یا پھر آڈیو کیسٹ پر ریکارڈ شدہ صورت میں فراہم کئے جا سکتے ہیں۔ دیگر زبانوں میں اس کی کاپی بھی حاصل کی جا سکتی ہے۔ اس کے لیے براہ مہربانی ٹیلیفون نمبر 01344 352000 پر رابطہ کریں۔

Polish

Streszczenia lub fragmenty tego dokumentu mogą być dostępne w wersji napisanej dużym drukiem, pismem Braille lub na kasecie audio. Można również otrzymać kopie w innych językach. Proszę skontaktować się z numerem 01344 352000.

Portuguese

Podemos disponibilizar resumos ou extractos deste documento em impressão grande, em Braille ou em audiocassete. Podem também ser obtidas cópias em outros idiomas. Por favor ligue para o 01344 352000.