



**Details of care recipient**

If you are applying as a couple for joint care then please complete separate questionnaires. Thank you.

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Current Residential Status

At Home  
 Residential Home  
 Nursing Home

Do you have Power of Attorney  Yes  No

Date moved / moving to Care Home: \_\_\_\_\_

If yes, has this been registered?  Yes  No

**Please give details of the relative/attorney acting on your behalf:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Work Tel: \_\_\_\_\_

Preferred contact method for progress updates: Email  Post

**Financial details: (Please list the assets held in your sole name, and your half-share of any joint assets)**

**CURRENT ASSETS**

Home(s) – approximate value £ \_\_\_\_\_  
Building Society deposits £ \_\_\_\_\_  
Bank accounts £ \_\_\_\_\_  
National savings £ \_\_\_\_\_  
Shares (total portfolio) £ \_\_\_\_\_  
Other (please specify) £ \_\_\_\_\_

Do you have any long term care insurance? Y / N  
Do you own any life insurance policies? Y / N  
Do you own your own property? Y / N  
Do you have an outstanding mortgage or loans? Y / N  
If 'yes' please confirm amount outstanding £

**CURRENT NET INCOME**

State pension £ \_\_\_\_\_ per week / month / year – please delete as applicable  
Pension Credit £ \_\_\_\_\_ per week / month / year  
Other pension £ \_\_\_\_\_ per week / month / year  
Attendance allowance £ \_\_\_\_\_ (receiving / applied for)  
Nursing Care Contribution £ \_\_\_\_\_ per week / month / year  
Investment Income £ \_\_\_\_\_ per month / year  
Other (please specify) £ \_\_\_\_\_ per month / year

**CURRENT/POTENTIAL EXPENSES IN CARE**

Care fees £ \_\_\_\_\_ per week / month / year – please delete as applicable  
Physiotherapy £ \_\_\_\_\_ p.w / p.m  
Personal expenditure £ \_\_\_\_\_ p.w / p.m  
Private health care £ \_\_\_\_\_ p.w / p.m  
Extra costs £ \_\_\_\_\_ p.w / p.m

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Care Fees Investment Limited**

Hope House 15a Godstone Road Caterham Surrey CR3 6RE Tel. 0845 077 5655 Fax. 0845 077 5654