



Care Advocacy & Planning Service – Checklist

To conform with the *Best Practice* and advocacy recommendations outlined in the National Minimum Standard 14.3 (Autonomy & Choice) of the **Care Standards Act 2000** and to ensure that you receive the very best levels of both service and support, please complete this questionnaire which has been designed to make you aware of the major issues relating to care and to offer you a source of information.

Name (Resident/Client):

Care Home/Organisation:

Contact's name:

Contact's address:

Postcode:

Telephone No:

	YES	NO	?
1 Has a Social Services section 47 assessment been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is any nursing care required at this time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Has an Attendance Allowance application been made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 If the answer to '3' is yes, is at the higher rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the client entitled to Pension Credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are the value of assets (but not property) below the local authority (LA) threshold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Does the client own a property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the answer to '7' was yes, has the 12 week disregard been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Has longer term funding from the Local Authority (LA) been investigated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If LA funding is provided, will this and the client's income meet the cost of their fees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Has the client established a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Has an Enduring/Lasting/Continuing Power of Attorney been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Do you have details of specialist support groups (Alzheimer's Society, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Has the client discussed their funeral arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Has the client taken specialist financial advice on planning for care fees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Symponia is an independent group of care fees planning advisers specialising in issues relating to long term care for the elderly. Its aim is to help individuals through the maze of legislation surrounding care provision. Your local Symponia member is **Stephen Wilkinson of Charles Wilkinson Financial Planning Limited**, he will contact you to help and advise on any issues raised in the questionnaire, unless you expressly ask him not to by ticking the box . He can be contacted on **01904 631 839**.

Signed: Date:

Distribution
 Original to: **118 Fishergate, York YO10 4BB** Fax: **01904 671 080**
 Copy to: care home files
 Copy to: applicant