

HARINGEY COUNCIL

APPOINTEESHIP / DEPUTYSHIP (FOR FINANCES) REFERRAL FORM

All requests for Appointeeship / Deputyship are discussed and agreed by the DWP Appointee / Court of Protection Panel. The completed and signed form needs to be emailed to Deputyship.Appointeeship@haringey.gov.uk.

Please complete all sections and provide accurate answers to avoid any legal implications and delays in processing the application. The information provided will be used in making any application to the DWP / Court of Protection.

The referral must be completed fully. If there is not enough space to provide additional information, please use the additional information section at the bottom of this form.

The Council will only apply to become DWP Appointee or Deputy for finances as a last resort. It is normally expected that clients who do not have the mental capacity to manage their financial affairs will be assisted by family/relatives, solicitors, where suitable third parties or organisations.

Social Workers / Care Managers should be satisfied that other parties are not suitable or unable to assist. Where there are relatives/family, written statements should be obtained that they are not willing or unable to act on behalf of the client (attach copy to form).

Type of Support Required	<input type="checkbox"/> DWP Appointeeship	<input type="checkbox"/> Court of Protection
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CLIENT BASIC DETAILS			
Date of Referral		Mosaic Ref	
Name of Service User			
Date of Birth		Marital Status	
Current Address			
Type of Accommodation	<input type="checkbox"/> Home Owner <input type="checkbox"/> Sheltered Housing <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Private Tenant <input type="checkbox"/> Council Tenant <input type="checkbox"/> Nursing / Residential Home <input type="checkbox"/> Other (state)		
Date Moved into Current Address			
Previous Permanent Address			
National Insurance Number			

<p>Does the client lack capacity to manage their finances?</p> <p>If yes, please attach / e-mail mental capacity assessment to support this.</p>	
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FURTHER INFORMATION

<p>Reason for Making Referral?</p>	<p><input type="checkbox"/> Client can no longer manage their finances</p> <p><input type="checkbox"/> Client is at risk of financial abuse</p> <p><input type="checkbox"/> Client is currently experiencing financial abuse</p> <p><input type="checkbox"/> Family can no longer assist</p>
<p>Why are other parties including families unable to offer support?</p>	
<p>What attempts have been made to consider alternatives?</p>	
<p>Has a Power of Attorney or a Lasting Power of Attorney been granted?</p>	
<p>Is there a current DWP Appointee or Deputy?</p> <p>(if yes, please provide details)</p>	
<p>Has the Client made a Will?</p> <p>(If yes, provide information – for example, where it is kept, details of executor).</p>	
<p><u>For Court of Protection only:</u></p> <p>Are there any other people who may need to be notified of our application?</p> <p>(If yes, please provide details)</p>	

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INCOME & ASSETS

<p><u>Welfare Benefits</u> (Please provide details and documentary evidence).</p>	<input type="checkbox"/> ESA <input type="checkbox"/> Universal Credit <input type="checkbox"/> Retirement Pension <input type="checkbox"/> Pension Credit <input type="checkbox"/> Disability Living Allowance <input type="checkbox"/> Personal Independence Payment <input type="checkbox"/> Attendance Allowance <input type="checkbox"/> Other welfare benefits (provide details) <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Council Tax Reduction
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Account details where benefits are paid? (Account name, bank, account number and sort code).	
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<p><u>Occupational and Private Pensions</u> Provide details of all pensions, for example, payee, reference numbers and the amount.</p>	
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Account details where pension(s) are paid? (Account name, bank, account number and sort code).	
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CAPITAL

<u>Bank Accounts</u>	Account Name/ Type	Account Number	Sort Code	Amount / Value

OTHER INVESTMENTS

Provide details of all other investments, for example, Shares (company name and number of shares held), Premium Bonds (number of bonds), Investment Bonds (company name, amount and type of bond), Investment Portfolios, Trust Funds (type of fund), Annuities, National Savings Certificates and Life Insurance Policies.

Is there a Funeral plan in place?
If yes, please provide details.

Does the client own a property(ies) (provide details, for example, address, joint ownership and approx. value)

Does the person to whom the application relates have any interest in the estate of someone who has died? If yes provide:
Name of deceased
Name of executor/administrator
Approximate value of interest in estate
Is an order required to allow the proposed deputy to obtain a grant in order to deal with the estate of the deceased? Yes No

ADDITIONAL INFORMATION FOR CLIENTS IN THE COMMUNITY

<p>Please confirm the care provider is willing to accept personal allowance payments via BACS. The Council cannot provide cash.</p>				
<p>Rent – provide details of rent, landlord. Is Housing Benefit in payment</p>				
<p>Utilities – Please provide details.</p>	<p>Gas Provider</p>	<p>Electric Provider</p>	<p>Water Provider</p>	<p>Telephone/Mobile Provider</p>
<p>Any other bills (e.g. meals on wheels)</p>				
<p>Provide details of any standing orders or direct debits set up</p>				
<p>Debt - provide details (for example amount, company and action taken)</p>				

ADDITIONAL INFORMATION

(Include any general information about the client that would be useful including any safeguarding meeting/outcomes).

AUTHORISATION

Care Management Team

Name of Social Worker / Care Manager making the Referral

Signature / Date

Team Manager for Approving Referral

Signature / Date

DEPUTYSHIP AND APPOINTEESHIP TEAM SECTION ONLY

Referral Outcome

Date/Signature – Deputyship and Appointeeship Manager

Date/signature - Head of Service for Brokerage/Social Work Team Manager