

CARE FEES PLANNING FACT FIND

You voluntarily choose to provide personal details to us via this brochure. Personal information will be treated as confidential by us and held in accordance with the Data Protection Act 1998. You agree that such personal information may be used to provide you with details of services and products in writing, by email or by telephone.

This fact find provides Rosedale Financial Management with an initial overview of your situation. If you choose to undertake a 'free initial review' please complete this information and send back this document to us. We will then verify all the information completed and may also require further information in order to advise you and present you with a solution for your needs

What would you like to provide for ? **(Please tick boxes below)**

- The cost of care in your own home ?
- The cost of care in a care home with nursing facilities
- The cost of care in a care home (residential only)
- Now
- Very soon
- In the future

Please state the amount you have been quoted (either weekly, 4 weekly, monthly or per annum) for care fees. If you have not yet received a quotation, please state the area of the UK where the care is intended to take place and we will estimate an average figure.

Cost of Care (if known) £.....

Name of Care Home (if known).....

Location (e.g. Town/City)

Details of individual for whom care is to be provided- if more than one please complete two forms.

Title.....

First name(s).....

Last name.....

Date of Birth (DD/MM/YY).....

Marital Status.....

(If you are completing this on behalf of an elderly person, please state your relationship. e.g. Daughter, Son, Nephew, friend, etc).

Relationship
.....
.....
.....
.....

Do you hold an Enduring Power of Attorney? **(Please provide Certified Copy)** (Y/N)

If so is it registered with the Guardianship Office? (Y/N)

Do you hold a Lasting Power of Attorney? **(Please provide Certified Copy)** (Y/N)

(Lasting Powers of Attorney have been introduced on the 1st October 2007 and replace the existing Enduring Powers of Attorney. However, if you have an existing EPA this can still be used.) An LPA is automatically registered with the Guardianship Office (Court of Protection) at outset.

Financial details of care recipient

Income

Frequency (Please state if Weekly, 4 Weekly, Monthly or Annually).....

State pension £.....

Private Pension £.....

Occupational Pension £.....

Attendance allowance (High/Low rate p/w) £.....

** Nursing contribution

**The nursing contribution is only available to residents of nursing homes and is just one rate as from the 1st October 2007. It is paid directly to the care provider and it is at their discretion as to whether it is taken of the cost of care.

Other income £.....

Other income source(s) £.....

(Please state where from)

.....
.....
.....
.....
.....

TOTAL NET INCOME £.....

ASSET VALUES

Main residence £.....

Is it your intention to sell?(Y/N)

Other property £.....

Bank/Building Society account(s) £.....
Including CASH ISAs (**Please State**)

.....
.....
.....
.....

National Savings £.....

Shares/equities £.....

PEPS/ISAs £.....

Unit Trust's/OEIC's/IT's £.....

Investment Bonds £.....

Details of Investments (e.g., which provider, amount, any exit penalties etc)
.....
.....
.....
.....
.....

TOTAL ASSETS £.....

OUTSTANDING LIABILITIES

Any Outstanding liabilities (e.g., mortgage, loan etc) £.....

Nature of liability (Please State)
.....
.....
.....

TOTAL LIABILITIES £.....

NET ASSETS/LIABILITIES £.....

Activities of Daily Living

Please give details of the Care Recipient's ability to perform the following acts of daily living.

Guide:-

Major assistance: always requires both assistive device and personal assistance.

Moderate assistance: requires both assistive device and some personal assistance.

Minor assistance: requires assistive device, but no other help or supervision.

Independent: no help, assistive devices or supervision required.

Mobility.....

Washing.....

Dressing.....

Feeding.....

Transferring.....

Continence.....

Details for correspondence and other contact; we may need more clarification and therefore contact you by phone.

Title (Mr/Mrs/Ms).....

First name (s).....

Last name.....

Address (including post code)
.....
.....
.....
.....

Telephone Number (Inc best time to call).....

E-mail address.....

Our Charges

We feel it is important that clients should be treated fairly and aware of our charging structure, which we think is probably amongst the most competitive in the industry.

For preparing and writing a Care Fees Options Report outlining the options available when paying care fees, we charge a flat fee of £250.

If you decide that a Care Fees Payment Plan is appropriate, then we can receive a commission on the purchase of a plan. These plans typically pay a commission of 4% of the lump sum cost e.g., a Care Fees Plan costing £10,000 would pay £400 commission. Alternatively, we offer a Fee-based option, again 4% of the sum used to purchase a plan (in this case, all commissions are rebated to enhance contract terms)

For other arrangements (including items such as designing an investment portfolio) these will be documented at point of sale prior to any commitment being made and will be fully disclosed in the Care Fees Options Report.

Upon acceptance of any subsequent financial planning recommendations made, your initial £250 fee is refunded.

(PLEASE NOTE, if no specific financial planning recommendations are suitable for your circumstances OR recommendations are not taken-up, the £250 will be retained to cover the costs of administration/time involved in preparing the Report).

Rosedale Financial Management is authorised and regulated by the Financial Services Authority.
Rosedale Financial Management is entered on the FSA register (<http://www.fsa.gov.uk>) under reference 473931