



#### Why give us these facts?

To help us tailor advice and financial solutions that are specific to your needs and circumstances – or to those of the person who needs care – we ask you to complete this Fact File. The confidential information you supply enables us to understand the unique circumstances and requirements, and to give you appropriate advice.

#### We're here to help

You may have questions or need help when completing the Fact File. If so, call us on 01582 794967 during normal office hours or email us at [care@carefeesplanning.com](mailto:care@carefeesplanning.com)

#### What happens next?

Once you have completed every section of the Fact File as fully as possible, please send it to the Redbourn or Chichester office – whichever is nearest to you using the appropriate FREEPOST address below (there is no need for a stamp). Alternatively, visit [www.carefeesplanning.com](http://www.carefeesplanning.com) and give us the facts online. It's that easy.

Once we have all the facts, we can prepare a report for you and arrange an appointment to talk through the various options available.

#### Care Fees Planning

FREEPOST ANG9696  
Redbourn  
AL3 7BR

Tel: 01582 794967  
Fax: 01582 794971

#### Care Fees Planning

FREEPOST NATW672  
Chichester  
PO19 7BR

Tel: 01243 783501  
Fax: 01243 783501

E-mail: [care@carefeesplanning.com](mailto:care@carefeesplanning.com)  
[www.carefeesplanning.com](http://www.carefeesplanning.com)

#### Contact details

*Complete this section only if you are acting on behalf of the person who needs care (or please go to next section).*

Title \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (day) \_\_\_\_\_

(evening) \_\_\_\_\_

#### Personal details of the person who needs care

Title \_\_\_\_\_

Full name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (day) \_\_\_\_\_

(evening) \_\_\_\_\_

Date of birth \_\_\_\_\_

Marital status \_\_\_\_\_





Date of admission (if known) \_\_\_\_\_

Fees \_\_\_\_\_

Is care required already

Yes

No

**Financial details of the person who needs care**

Existing or anticipated income

(state whether weekly/4 weekly/monthly/annually)

State Pension \_\_\_\_\_

£ \_\_\_\_\_

Private Pension \_\_\_\_\_

£ \_\_\_\_\_

Investment income \_\_\_\_\_

£ \_\_\_\_\_

Rental income \_\_\_\_\_

£ \_\_\_\_\_

Other income \_\_\_\_\_

£ \_\_\_\_\_

Attendance Allowance \_\_\_\_\_

£ \_\_\_\_\_

Disability Living Allowance \_\_\_\_\_

£ \_\_\_\_\_

Registered Nursing Care Contribution \_\_\_\_\_

£ \_\_\_\_\_

Pension Credit \_\_\_\_\_

£ \_\_\_\_\_

**Capital and savings**

Bank/building society deposits \_\_\_\_\_

£ \_\_\_\_\_

Bank/building society current account \_\_\_\_\_

£ \_\_\_\_\_

Shares/Unit Trust investments etc. \_\_\_\_\_

£ \_\_\_\_\_

National Savings \_\_\_\_\_

£ \_\_\_\_\_

PEPS/ISAs \_\_\_\_\_

£ \_\_\_\_\_

Other \_\_\_\_\_

£ \_\_\_\_\_

**Property**

Value of property \_\_\_\_\_

£ \_\_\_\_\_

Mortgage on property?

Yes

No

If yes please state amount \_\_\_\_\_

£ \_\_\_\_\_

Is property owned:

in sole name

as Joint Tenants

as Tenants in Common

not certain

If Joint Tenants/Tenants in Common, please give name(s)

of joint owners \_\_\_\_\_

Mr/Mrs/Miss/Other \_\_\_\_\_

Mr/Mrs/Miss/Other \_\_\_\_\_

**Care priorities and other relevant details**

Tell us of any concerns, objectives and priorities and we can better advise on individual needs eg "I want to leave an inheritance for my children".

Is there anything else we need to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_