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| Unit Title: Understand public funding of individual care needs in Adult Social Care | | |
| URN: M/506/6367 |  |  |
| Credit Value: 4 |  |  |
| Level: 4 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand the welfare benefit system** | | | |
| 1.1 Describe the current legislation relating to the welfare benefits system |  |  |  |
| 1.2 Explain eligibility criteria of current means tested benefits |  |  |  |
| 1.3 Explain eligibility criteria of current non means tested benefits |  |  |  |
| 1.4 Explain how changes of circumstances may affect benefit entitlement |  |  |  |
| **2 Understand the processes relating to Local Authority funding for individual care needs** | | | |
| 2.1 Describe current legislation relating to Local Authority funding |  |  |  |
| 2.2 Explain current eligibility criteria |  |  |  |
| 2.3 Explain Local Authority funding levels for care needs |  |  |  |
| 2.4 Explain Local Authority financial assessment processes |  |  |  |
| **3 Understand the processes relating to National Health Service (NHS) funding for individual care needs** | | | |
| 3.1 Explain NHS funding eligibility criteria |  |  |  |
| 3.2 Explain the process for challenging NHS funding decisions |  |  |  |

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| **4 Understand ways in which others can manage financial affairs of an individual** | | | |
| 4.1 Explain aspects of the Mental Capacity Act (MCA) 2005 which relate to managing the financial affairs of an individual |  |  |  |
| 4.2 Explain the application of:  •Enduring Power of Attorney  •Lasting Power of Attorney  •Court of Protection Deputy  •Department of Work and Pensions Appointee |  |  |  |
| **5 Understand how to signpost and refer to professional advice services** | | | |
| 5.1 Explain when to refer to:  • financial advice  • legal advice |  |  |  |
| 5.2 Explain how to refer to specialist:  • financial advice  • legal advice |  |  |  |

**Learner declaration of authenticity:**

I declare that the work presented for this unit is entirely my own work.

Learner signature: Date:

**Assessor sign off of completed unit:**

I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.

Assessor name:

Signature: Date: