



## Managing Other People's Money Service Consultation

Ref No	

We are writing to people who may be affected by proposed changes to the Managing Other People's Money Service so you can have your say on the proposals and how the changes may affect you.

Please complete this questionnaire and return it in the pre-paid envelope provided, by **4 September 2017**. You can respond online at <a href="www.poole.gov.uk/moneyservice">www.poole.gov.uk/moneyservice</a> and help us save on postage - you will need to enter your reference number printed at the top of this page.

All information you provide is treated in confidence and in accordance with the Data Protection Act 1998. The information will be used for the purpose of this consultation only. It will not be used to identify individuals.

If you need any help completing the form, have any queries or would like the questionnaire in a different format, please contact the Business Support Team in Adult Social Care by telephone on 01202 633902 or via email at <a href="mailto:sshelpdesk@poole.gov.uk">sshelpdesk@poole.gov.uk</a>.

Thank you in advance for taking part.

Adult Social Care Borough of Poole

Please use a BLACK pen and write in BLOCK CAPITALS.

Put a cross in the box by your answer, for example 区 If you make a mistake, fill in the box fully and put a cross in the box you want. If there are any questions that you do not wish to answer, please leave them blank.

Q1	Are you respon	ding as: Pleas	se select all that a	apply.			
		ho uses the Ma	anaging Other	a friend?			
	a carer?	oney Service?		a business / organisation? (please state which one below)			
	a family me	mber?			lease specify belo	ow)	
						,	
Q2	How important select one option	_	nt is it for Borou	gh of Poole to	provide this se	rvice? Please	
	Very important	Important	Neither important nor unimportant	Not very important	Not important at all	Don't know	
Q3	Please explain	your answer	to Q2 in the box	below.			
Q4			or disagree that or the service? <i>P</i>			in savings	
	Strongly Agree	Agree	Neither agree nor disagree	Strongly disagree	Disagree	Do not know	
	_		in the leaflet, if a	_	roduced, which	of the	
	_	•	Please select one of £624 per year		over £2,000 in the	eir bank	
	Charge B:		om £520-£624 pe heir bank accoun		ding on the level	of savings for	
	Other sugg	<b>jestion</b> (please	write in below)				
Q6	Please explain	your reasons	s for your answe	rs to the ques	stions above in t	he box.	

Q7 If a charge is introduced, how of select one option only.	often would you	u like the	e payment t	to be taken?	Please
Every three months					
Every six months					
Once a year					
Q8 If a charge is introduced, to wl 'Managing Other People's Mor one option per row only.					
		A lot	A little	Not at all	Don't know
Charge A: a standard fee of £62 for those with over £2,000 in the account					
Charge B: a fee ranging from £5 year depending on the level of sa those with over £2,000 in their ba	avings for				
Q9a If a charge is introduced, please ways this could be mitigated in Charge A	-		act of each	of the charg	ges and
Q9b <b>Charge B</b>					
Q10 <b>Do you have any other comme</b> r	nts or suggesti	ons abo	ut the prop	osed change	es?

About You
The following questions will help us to understand how views differ. Please leave any questions you do not wish to answer. All the information you give will be kept confidential according to the 1998 Data Protection Act.
Q11 Are you filling out this form on behalf of somebody else? Please select one option only.  Yes - please answer the remaining questions so that they represent the person you are completing the form for  No
Q12 <b>Are you:</b> Please select one option only.  Male Prefer not to say Other (please specify below)
Q13 Which of the following age groups do you fall into? Please select one option only.  18-24
Q14 Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months? Please select one answer only.  Yes, limited a lot  Yes, limited a little  Prefer not to say
Q15 Which of these groups do you consider you belong to? Please select only one box and write in below.  Under White British Other White Background (please select and write in below)  Rlack or minority ethnic background

## Thank you for taking part in this survey.

(please select and write in below)

Please return your completed form as soon as possible, or by **4 September 2017** to : Managing Other People's Money Consultation, Adult Social Care, FREEPOST RTHC-EHSG-LHYT, Borough of Poole.