

**Agreement to Care and Support Plan**

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| **To be signed by Service User** |
| **Personal Budget Agreement: for commissioned/virtual care and support only (delete if not applicable)*** I agree to pay my assessed contribution (if any) to the local authority on request
* I agree to give 7 days’ notice to the council of any changes of circumstances including change in service required, hospital stays, financial changes etc.
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| **Personal Budget Agreement: Cash via Direct payments or Mixed (delete if not applicable)**I confirm that I have received the booklet “User Guide to Direct Payments” from my care coordinator or social worker. I will read this booklet and I will have the opportunity to go through the content of it and ask questions from the direct payment support officer when they visit |

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| **Signature:** |  | **Date:** |  |

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| **Role****(if not signed by individual)** |  |

Note: The can only be signed by the service user and their authorised person if they have one of the nominated person if using direct payments

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| **For Local Authority Use**  |
| * The Personal Budget/Care & Support Plan has been agreed by the local authority
* The Care and Support Plan delivers an appropriate package of support to meet the eligible needs of the individual
* Any identified risks including contingencies are covered within the plan
* The Care and Support Plan will be reviewed within 6 – 8 weeks/annually and then at least annually unless a change in circumstance requires one sooner than this

Details of the Worker assisting you with your support plan is below: |

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| **Workers Name:** |  | **Phone Number:** |  |

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| **Workers Signature:** |  | **Date:** |  |

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| **Review Details** |
| Date of Review/approximate date if not agreed: |  |
| Please note: A review can take place sooner if circumstances change of if you would like to request a review. |