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| **Virtual Personal Budget Checklist****Checklist to be completed for Virtual Personal Budgets** | **Check** |
| 1. | Contact allocated by TA as directed by Team Manager or Senior Social Worker, assessment created and sent directly to Social Care Mobile – worker to check AIS task list for a new contact. | ☐ |
| 2. | Worker to ensure AIS involvements are correct to ensure synching on SCM is successful. | ☐ |
| 3. | Privacy notice for Adult Social Care has been issued | ☐ |
| 4. | Consider issuing appropriate Care Act factsheets. | ☐ |
| 5. | Worker to read information gathered from SIDT/Hospital Team and consider need for an advocacy referral (substantial difficulty understanding the assessment process/IMCA). Referral form is on the intranet. ALL MCA and Best Interest to be recorded accurately. | ☐ |
| 6. | Strength based conversation to be held to determine if an assessment is necessary – send appointment letter. | ☐ |
| 7. | Worker to Complete Adult Care & Support Assessment if appropriate. Evidence of positive risk taking – risk assessment as necessary. | ☐ |
| 8. | Worker to establish whether if LPA has been registered and if so, worker to sight the original and request copies. | ☐ |
| 9. | Worker to complete OPG100 if above not established and record reference number on AIS. | ☐ |
| 10. | Worker to issue appropriate Care Act factsheets. | ☐ |
| 11. | Worker to issue provisional notification (Charges for Non-residential care and support services) and obtain signature. Ensure 2 copies 1 for service user and 1 to scan and index | ☐ |
| 12. | Worker to obtain signature on Declaration B of financial assessment form if person is self-funding or does not wish to disclose financial circumstances, inform individual of arrangement fee for non-residential care and support services. Issue letter and obtain signature Ensure 2 copies 1 for service user and 1 to scan and index. | ☐ |
| 13. | Worker to complete a Continuing Health Care checklist as needed. | ☐ |
| 14. | Offer a Carers Assessment if application (see separate guidance for completion of Carers Assessment). | ☐ |
| 15. | Complete Fullers Assessment as required (see separate guidance for completion of Fullers Assessment). | ☐ |
| 16. | If it is clear the individual is not eligible then inform them and their carer/advocate. | ☐ |
| 17. | If the individual is eligible for support then inform them and discuss what outcomes they would like to achieve. | ☐ |
| 18. | Worker to send not eligible letter. | ☐ |
| 19. | Worker to send requests for information ( “comms”) as necessary. | ☐ |
| 20. | Worker to complete RAS document. | ☐ |
| 21. | If support is urgent seek funding agreement from Team Manager/Senior Social Worker. | ☐ |
| 22. | If support is urgent request service via a CERT form. | ☐ |
| 23. | Worker to complete a person centred care and support plan with the person/family/carer – evidence of maximising independence and consideration of equipment/other referrals (eg Falls Clinic, OT, Physio), signposting to other relevant services/use of community and personal assets/networks. | ☐ |
| 24. | If not already done so (due to urgency) complete a CERT. | ☐ |
| 25. | Worker to input a Welfare Rights contact unless Dec B signed. | ☐ |
| 26. | Care and Support Plan to be signed by person/person’s representative and worker. | ☐ |
| 27. | Worker to follow Adult Commissioning Panel funding process and submit necessary documentation to TM/AM/SSM for formal approval. (timescale 6 weeks) | ☐ |
| 28. | Worker to distribute Assessment/CASP as necessary to relevant parties. | ☐ |
| 29. | Worker to ensure all documents are scanned (signature sheet, provisional notification, Dec B, CHC checklist, RAS, CASP signature, MCA,BI, COP, CHC Checklist, etc). | ☐ |
| 30. | Referral to Humberside Fire & Rescue Brigade considered? |  |
| 31. | Confirmed privacy notice has been issued. |  |

Worker Name:

Worker Signature:

Final Completion Date of Checklist:

NOTES TO CONSIDER:

* Consideration of equality and diversity
* Consideration of any Safeguarding concerns/Domestic Violence
* Evidence of Joint Working
* Community DOL considered