# Support Plan Sign-off Form

**For Office Use Only** – To be considered with My Support Plan

Name of Customer: CareFirst P number: Support Plan Completion Date:

The Requirements of a Support Plan

## PART ONE

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| **Does the Support Plan show?** | Tick |
| 1. What is important to the person. |  |
| 2. What the person wants to change or achieve. |  |
| 3. How the person will be supported (paid and unpaid/ who will provide the support, and when it will be provided, and how risks will be managed). |  |
| 4. How the person will use their Personal Budget. (if applicable) |  |
| 5. How the support will be managed. |  |
| 6. How the person will stay in control of their life. |  |
| 7. What needs to be done to make this plan happen. |  |

Support Plan Funding Information:

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| --- | --- |
| **Personal budget estimate from estimated budget calculator (if applicable)** | **£ per week** |

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| **Please completed the appropriate section (total cost):** |
| **1** | **Personal budget entitlement****(cost based the on Support Plan ‘costing my support’ section)** | **£** | **per week** |
| **2** | **Individual Service Fund** | **£** | **per week** |
| **3** | **Temporary & Non-PB support**(Temporary & Non-PB support is for support that may not form part of a personal budget.)**(cost based on Support Plan ‘costing my support’ section)** | **£** | **per week** |
| **4** | **Long term care home placement****(cost based the on Support Plan ‘costing my support’ section)** | **£** | **per week** |
| **Please state the variance between the estimated budget and****the Support Plan total cost (if applicable):** | **£****week** | **per** |

Support Plan Sign Off

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| Personal Budget or support package: Signed by a **Practitioner** |
| **Name:** | **Job title:** |
| **Signature:** | **Date:** |

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| **Does the Support Plan require a Manager’s Authorisation?****NO** |  |
| **YES Please complete all of the details below** |  |
| **Managers Name:** | **Date Requested:** |

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| **Reason for authorisation request**Select all reasons that apply: |
| **1** | Personal Budget Moderation: Increase Decrease**Please select the reason(s) for the PB moderation:** |
| A. To manage current service package prior to Personal Budget allocation |
| B. To allow for the current market/provider costs |
| C. The RAS calculation questions in My Assessment have not accounted for all needs i.e. needs are higher or lower than the RAS calculation indicates(Note to assessor: Needs that cannot be accounted for in sections 1-12 of My Assessment MUST be explained in the assessors summary prior to support plan sign off |
| D. ’My Support Plan’ is complete without using total Personal Budget Allocation |
| E. Change in circumstance or need since the previous ‘My Assessment’ |
| F. Other**Please specify:** |
| **2** | Above my delegated cost authority |
| **3** | Other**Please specify:** |
| **Where necessary, please provide a more detailed explanation to support the reasons you have selected above.****(This information will be used to help managers to decide if authorisation will be granted).** |
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| **Completed by:** |
| **Name:** | **Job Role:** |  | **Date:** |
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# Manager Authorisation

## PART TWO

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| **Manager’s Authorisation Granted?** | **YES** | **NO** |
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**If the Personal Budget moderation or Support Plan Sign-Off CANNOT be agreed please give the rationale for this decision and record the action that is now required:**

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| **Person making the Personal Budget moderation or Support Plan Sign-Off authorisation decision, records below:** |
| **Name:** | **Job Role:** | **Date:** |

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| Personal Budget or support package:Signed by a **Team Leader / Lead Practitioner** |
| **Name:** | **Job title:** |
| **Signature:** | **Date:** |

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| Personal Budget or support package: Signed by a **Team Manager** |
| **Name:** | **Job title:** |
| **Signature:** | **Date:** |

Personal Budget or support package: Signed by a **Service Manager**

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| **Name:** | **Job title:** |
| **Signature:** | **Date:** |