

# 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

Does the Support Plan show?	Tick
1. What is important to the person.	<input type="checkbox"/>
2. What the person wants to change or achieve.	<input type="checkbox"/>
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).	<input type="checkbox"/>
4. How the person will use their Personal Budget. (if applicable)	<input type="checkbox"/>
5. How the support will be managed.	<input type="checkbox"/>
6. How the person will stay in control of their life.	<input type="checkbox"/>
7. What needs to be done to make this plan happen.	<input type="checkbox"/>

## Support Plan Funding Information:

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):		£ per week

## Support Plan Sign Off

Personal Budget or support package:  
Signed by a **Practitioner**

**Name:**

**Job title:**

**Signature:**

**Date:**

<b>Does the Support Plan require a Manager's Authorisation?</b>	
<b>NO</b>	<input type="checkbox"/>
<b>YES</b>	<input type="checkbox"/> <b>Please complete all of the details below</b>
<b>Managers Name:</b>	<b>Date Requested:</b>

**Reason for authorisation request**  
Select all reasons that apply:

<b>1</b>	Personal Budget Moderation:                      Increase <input type="checkbox"/> Decrease <input type="checkbox"/>  <b>Please select the reason(s) for the PB moderation:</b>
	A. To manage current service package prior to Personal Budget allocation <input type="checkbox"/> B. To allow for the current market/provider costs <input type="checkbox"/> 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 <input type="checkbox"/> <small>(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)</small> D. 'My Support Plan' is complete without using total Personal Budget Allocation <input type="checkbox"/> E. Change in circumstance or need since the previous 'My Assessment' <input type="checkbox"/> F. Other <input type="checkbox"/> <b>Please specify:</b>
<b>2</b>	Above my delegated cost authority <input type="checkbox"/>
<b>3</b>	Other <input type="checkbox"/> <b>Please specify:</b>

**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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<b>Completed by:</b>		
<b>Name:</b>	<b>Job Role:</b>	<b>Date:</b>

## Manager Authorisation

## PART TWO

<b>Manager's Authorisation Granted?</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**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:**

**Person making the Personal Budget moderation or Support Plan Sign-Off authorisation decision, records below:**

<b>Name:</b>	<b>Job Role:</b>	<b>Date:</b>

Personal Budget or support package:  
Signed by a **Team Leader / Lead Practitioner**

<b>Name:</b>	<b>Job title:</b>
<b>Signature:</b>	<b>Date:</b>

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

<b>Name:</b>	<b>Job title:</b>
<b>Signature:</b>	<b>Date:</b>

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

<b>Name:</b>	<b>Job title:</b>
<b>Signature:</b>	<b>Date:</b>