

Direct payment spending form

1 April to 30 June

By signing the direct payment Agreement, you agreed to complete this form every 3 months and submit it to your allocated caseworker before each review. Please remember to attach copies of your bank statements covering the same period.

Child's name		PIN	
--------------	--	-----	--

Date of spend	Details of expenditure April	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure May	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure June	Amount spent (£)
TOTAL AMOUNT SPENT		£

I confirm that I have used my direct payment funds to meet the needs described in my Single Assessment/Education, Health & Care Plan/Direct Payment Agreement. I have kept copies of all supporting evidence for the money and will retain this evidence for the next 7 years.

Name of parent/carer/representative	
Signed	
Date	

Direct payment spending form

1 July to 30 September

By signing the direct payment Agreement, you agreed to complete this form every 3 months and submit it to your allocated caseworker before each review. Please remember to attach copies of your bank statements covering the same period.

Child's name		PIN	
--------------	--	-----	--

Date of spend	Details of expenditure July	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure August	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure September	Amount spent (£)
TOTAL AMOUNT SPENT		£

I confirm that I have used my direct payment funds to meet the needs described in my Single Assessment/Education, Health & Care Plan/Direct Payment Agreement. I have kept copies of all supporting evidence for the money and will retain this evidence for the next 7 years.

Name of parent/carer/representative	
Signed	
Date	

Direct payment spending form 1 October to 31 December

By signing the direct payment Agreement, you agreed to complete this form every 3 months and submit it to your allocated caseworker before each review. Please remember to attach copies of your bank statements covering the same period.

Child's name		PIN	
--------------	--	-----	--

Date of spend	Details of expenditure October	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure November	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure December	Amount spent (£)
TOTAL AMOUNT SPENT		£

I confirm that I have used my direct payment funds to meet the needs described in my Single Assessment/Education, Health & Care Plan/Direct Payment Agreement. I have kept copies of all supporting evidence for the money and will retain this evidence for the next 7 years.

Name of parent/carer/representative	
Signed	
Date	

Direct payment spending form

1 January to 31 March

By signing the direct payment Agreement, you agreed to complete this form every 3 months and submit it to your allocated caseworker before each review. Please remember to attach copies of your bank statements covering the same period.

Child's name		PIN	
--------------	--	-----	--

Date of spend	Details of expenditure January	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure February	Amount spent (£)
TOTAL AMOUNT SPENT		£

Date of spend	Details of expenditure March	Amount spent (£)
TOTAL AMOUNT SPENT		£

I confirm that I have used my direct payment funds to meet the needs described in my Single Assessment/Education, Health & Care Plan/Direct Payment Agreement. I have kept copies of all supporting evidence for the money and will retain this evidence for the next 7 years.

Name of parent/carer/representative	
Signed	
Date	