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| **REQUEST TO AMEND A PERSONAL BUDGET - non RESIDENTIAL** The Personal Budget must be sufficient to meet the persons assessed care and support needs and reflect market conditions*.**(The Care Act 2014. S26 Personal Budgets)* |
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| **Persons Details** |
| Name: | *Person Name* | Mosaic ID: | *Person ID* |
| Home Address: | *Person Address* |
| **Personal Weekly Budget** |
| Support hours required to meet Outcomes: | **RATE** | **HRS** |  | **COST** *(per Hr)* | **TOTAL** |  |
| *Enter number of hrs required in multiples of 0.5for the applicable Rate* | **Standard** | **0.0** | @ | **£19.00** | **£0.00** |  |
|  | **Urban** | **0.0** | @ | **£21.85** | **£0.00** |  |
|  | **Rural** | **0.0** | @ | **£22.40** | **£0.00** |  |
|  | **Isolated** | **0.0** | @ | **£25.65** | **£0.00** |  |
| **Personal Weekly Budget:** | **£0.00** |  |
| **Available Support within *(or close to)* the Personal Budget explored** |
| *Prime Provider* | *Describe the outcomes this provider would be* ***unable*** *to meet and explain why* |
| *Alternative Provider* | *Describe the outcomes this provider would be* ***unable*** *to meet and explain why* |
| *Alternative Provider* | *Describe the outcomes this provider would be* ***unable*** *to meet and explain why* |
| **Support Requested** |
| *Provider Name* |  |
| Provider Care Rate: | **HRS** |  | **COST** *(per Hr)* | **TOTAL** |  |
|  | **0.0** | @ | **£0.00** | **£0.00** |  |
| Please explain why the proposed provision is the **ONLY** provision that can meet the Support Outcome |
| *Type your text here*  |
| **Request Details** |
| Date for increased budget requested from: | *Select Start Date* |
| *Practioner’s Name* |  | *Select Current Date* |
|  | *Signature* |  |
| *Lead Practioner’s Name* |  | *Select Current Date* |
|  | *Signature* |  |
| **Request Outcome** |
| *Choose an Outcome* |
| *Service Head’s Name* |  | *Select Current Date* |
|  | *Signature* |  |
| **Further Action Required** |
| *Type text here* |

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| **Review Date:** | *Select Review Date* |