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| **REQUEST TO AMEND A PERSONAL BUDGET FOR A RESIDENTIAL OR NURSING PLACEMENT**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: | *Enter Person Name here* | Mosaic ID: | *Enter* *Person ID here* |
| Home Address: | *Enter Person Address here* |
| Assessed Care Level Personal Budget: | *Select from available Care Levels* |
| **Proposed Placement Details** |
| Placement Name: | *Enter* *Provider Name here* |
| Placement Address: | *Enter* *Provider’s Address here* |
| Room No: | *Enter* *Room No.* | Additional Room Cost: | **£** *Amount***.00** | Within Contract Schedule? | *Select Yes or No* |
| **Placement Type** *(If Short Term Placement, enter the* ***Planned End*** *Date)* |
| *Select from available Placement Types* | Date To: | *Enter Planned End Date* |
| **Alternative Placements Explored**  | **NOTE** |
| *1 Enter Provider Name here* | *Describe the outcomes that this placement would be unable to meet and explain why here* |
| *2 Enter Provider Name here* | *Describe the outcomes that this placement would be unable to meet and explain why here* |
| *3 Enter Provider Name here* | *Describe the outcomes that this placement would be unable to meet and explain why here* |
| Please explain why the proposed placement is the **ONLY** suitable accommodation to justify the increased PB |
| *Type your explanation here*  |
| **Request Details** |
| Date for increased budget requested from: | *Select Start Date* |
| *Enter Practioner’s Name here* | *Select Current Date* | *Enter LP’s Name here* | *Select Current Date* |
| **PRACTIONER** |  | **LEAD PRACTIONER** |  |
| **Request Outcome** |
| *Select available Outcome* |
| *Enter Head of Service Name here* | *Paste Signature here* | *Select Current Date* |
|  | **HEAD OF SERVICE** |  |
| **Further Action Required** |
| *Enter any further actions required here* |

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