**ANNUAL REVIEW - PERSONAL BUDGETS (PB) FORM**

***Any Personal Budget (PB) already in place must be reviewed, particularly where provision has been amended.***

***This is also an opportunity to for requests for a PB if the parent/YP would like one.***

***If a new personal budget is being requested, this will need to be discussed further with the child’s Special Educational Needs (SEN) Caseworker instead of completing this form.***

|  |  |
| --- | --- |
| **Child/Young Person’s Name** |  |
| **Date of Birth** |  |

**If a personal budget has been allocated or a personal budget is being requested please complete the information below:**

There are different ways in which a personal budget can be used to secure provision.

* Direct Payments – where individuals receive the cash to contract, purchase and manage the service themselves
* Notional Budget – whereby the local authority, school or college holds the funds and commissions the support specified in the plan
* A combination of the above

In some circumstances it may be agreed that the person responsible for managing a direct payment (the child’s parent or the young person) will need the support of a third party. In this circumstance it will need to be agreed by the Education, Health and Care Panel due to the cost of providing this service. Information regarding these options will be provided by the lead professional from Education, Health or Social Care.

**Personal Budget 1.0**

|  |
| --- |
| **Does [name] and his/her parents want to take a personal budget for his / her support?** |
| **Agency** | **Y/N** | **If Yes, who will manage the Personal Budget** | **Contact Details** |
| Education |  |  |  |
| Health |  |  |  |
| Social Care |  |  |  |

|  |
| --- |
| **Detail of Services procured via a Personal Budget 1.2** |

|  |
| --- |
| **Education** |
| **Type of PB** | **Description of Support** | **Flexibility of usage** | **Need being addressed and expected outcome (as per EHCP support plan)** | **Weekly Cost** | **Annual Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Health** |
| **Type of PB** | **Description of Support** | **Flexibility of usage** | **Need being addressed and expected outcome (as per EHCP support plan)** | **Weekly Cost** | **Annual Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Social Care H1** |
| **Type of PB** | **Description of Support** | **Flexibility of usage**  | **Need being addressed and expected outcome (as per EHCP support plan)** | **Weekly Cost** | **Annual Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Social Care H2** |
| **Type of PB** | **Description of Support** | **Flexibility of usage**  | **Need being addressed and expected outcome (as per EHCP support plan)** | **Weekly Cost** | **Annual Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Summary of Personal Budget 1.3**

|  |  |  |
| --- | --- | --- |
| **[name]’s Personal Budget total allocation is:** | **Weekly Total** | **Annual Total** |
| Education |  |  |
| Health |  |  |
| Social Care |  |  |
|  |  |  |
| Additional third party support costs(direct payments only) |  |  |
|  |  |  |
| **Total** | **£** | **£** |

**Direct Payments note**

Where Personal Budget is being received as a direct payment, a Direct Payment Agreement must be signed by the parents and/or young person (if aged 16 years or over) and the authorising manager(s). All parties must receive a signed copy of the direct payment’s agreement. The direct payment outlines the terms and conditions associated with the use of and monitoring of the direct payment.