

## Direct Payment letter of agreement.

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**Dear**

This letter when signed by you is a record of your agreement to take on a direct payment. Richmond Social Services will keep a signed copy of this letter on file. It contains details of your payment and a summary of what is expected of you and what you can expect from Social Services once you take on a direct payment.

In agreeing to a direct payment you will be taking responsibility for arranging those services identified on your care plan for which the direct payment is payable. If you do not already have a copy of your care plan please ask your care manager or the direct payments support scheme to arrange for one to be sent to you.

You will need to submit details of a separate bank account to be used only for meeting your care needs before payments can start. A separate form provided for this purpose should also accompany this letter.

You will need to keep the following records to account for the use of your direct payment:

- Monthly bank statements from your direct payment account
- A monthly balance sheet – for your completion
- A quarterly reconciliation sheet – to be submitted to Richmond Social Services

If you are planning to employ staff directly you will also need to keep:

- A copy of your employers and third party liability insurance certificate
- Evidence of payslips
- A signed copy of a contract / terms and conditions of employment for each person employed

These records should be kept together in a folder. Richmond Social Services retains the right to view your folder and the documents listed above at any time. Your care manager will ask to look at your folder when s/he visits you to review your needs.

A care manager will visit you to review your arrangements within \_\_\_\_\_ weeks and then at least once a year thereafter. You can request a review yourself at any time if your needs change or if you want to change your arrangements in any way. If at any time you decide you do not want to continue with a direct payment Richmond Social Services will arrange alternative services for you.

If you wish to change any of your arrangements you should let your care manager know as early as possible. Except in exceptional circumstances such as a breakdown of care, a notice period of three weeks should be given by either party to allow time to make the required changes to existing arrangements.

Your direct payment must only be spent on meeting your assessed needs. Any arrangements you make using the direct payment must meet any associated legal requirements (e.g. if you are employing people directly you must have the appropriate insurance cover). You must not use a direct payment to pay anyone to provide services to you who is excluded from doing so by regulations. This includes services from close relatives, partners or anyone else who normally lives with you.

Any non permitted use of your direct payment may ultimately result in the payment being withdrawn and any unauthorized expenditure may be reclaimed from you. Richmond Social Services also retains the right to reclaim any part of your direct payment which is not spent on meeting your assessed needs. Should repayment be required, options for making repayments will be discussed with you.

In order to make a direct payment to you Richmond Social Services must be satisfied that you will retain control of the arrangements set up using the direct payment and that your assessed needs are being adequately met. If Richmond Social Services becomes aware at any time that these conditions are not being met, the direct payment may need to cease and the Council will provide alternative services to meet your assessed needs.

When making arrangements to meet your needs you should ensure that you have back up plans for what to do if your normal arrangements breakdown. The direct payments support service can assist you with making these plans.

If you have any complaints about your direct payment you may wish to use the Council's complaints procedure. Your care manager or support worker can send you a leaflet about this.

**Details of your direct payment.**

The gross amount of your direct payment will be £ \_\_\_\_\_ per \_\_\_\_\_ . The contribution you have been assessed to pay is £ \_\_\_\_\_ per \_\_\_\_\_ . Your direct payment will therefore be £ \_\_\_\_\_ per \_\_\_\_\_ .

Payment will be made in advance once a month to \_\_\_\_\_ by direct bank transfer until further notice. Payments will be made directly into your direct payment bank account, three working days before the end of the calendar month.

The amount of your direct payment will be automatically reviewed at the end of each financial year. You will be notified of any changes to the amount of your payment.

Your direct payment is made in lieu of the following assessed needs which are also recorded on your care plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following additional conditions apply to your payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consent to receive a direct payment and agree to the associated terms and conditions herein

NAME.....SIGNATURE.....DATE.....

Please describe how you intend to spend your direct payment.

.....  
.....

If you will be using staff to meet your needs will they be

Employed by you  Self employed  Agency staff  A relative or friend

If you intend to employ a relative or friend, does that person normally live with you

Yes  No

Note that this is only normally possible to employ a family member or friend if they do not normally live with you.

**DIRECT PAYMENTS BANK ACCOUNT DETAILS**

Please give details of the bank account which you wish your direct / indirect payment to be paid into below. Note that the account must only be used for meeting your assessed needs. Once completed send the form to your care manager..... at the following address.....

.....  
.....

Name(s) of Account holder(s) .....

Bank / Building Society details

Name of Bank / Building Society .....

Branch name .....

Account number .....Sort code .....

Current balance .....

I confirm that the date I wish my direct / indirect payment to start is...../...../.....  
(this date should normally be no earlier than two weeks before the date the letter is returned).

Signed.....Date...../...../.....

**FOR OFFICE USE**

Care manager's signature.....Date...../...../.....

Start date for the payment to commence is confirmed as ...../...../.....

Copies of form to be sent to BACU and Payments Processing.

