NAME  
Personal budget plan

|  |  |  |  |
| --- | --- | --- | --- |
| Forename:  Family name: | Telephone Numbers:  Mobile: | | |
| Date of birth: | Email: | | |
| Address:  Postcode: | Name of current school: | | |
| Next of kin/contact name and address: | Relationship of person being supported: | | |
| Assessed need: | | | |
| I agree that my plan may be shared as needed to enable me to receive the support and services requested (please circle opposite):  (If patient lacks capacity, representative to make decision) | Yes | Yes but with restrictions | No |

# about me

## The PB Objective

|  |  |  |
| --- | --- | --- |
| Need | Outcome | Output |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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## Weekly timetable

|  |  |
| --- | --- |
|  | . |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  | 15.30-20.30 |  | 15.30-20.30 |  | 10.00-18.00 |  |

## Setup SMART

|  |  |
| --- | --- |
|  | The following table will outline the setup process, each stage and how this will be achieved |

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| --- | --- | --- | --- | --- |
| SMART goal | What needs to happen | By when | By whom | Contact details |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Costing

|  |  |
| --- | --- |
| PA hours | Price |
| Total number of hours |  |
| NIC/tax-max 13.8% |  |
| Holiday entitlement |  |
|  |  |
| **Additional costs** |  |
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|  |  |
| **Contingency budget** |  |
|  |  |
|  |  |
| Total |  |

## Contingency

|  |  |
| --- | --- |
|  | The contingency will outline the processes in place for when the provision does not go according to plan. The allocated contingency budget is… |

|  |  |  |
| --- | --- | --- |
| Circumstance | Action to be taken | Individual responsible |
|  |  |  |
|  |  |  |
|  |  |  |