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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **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 |
|  |  |  |
|  |  |  |
|  |  |  |