

Support Plan Summary



WOKINGHAM
BOROUGH COUNCIL

Customer Details

First Name

Surname

Social Care ID

Address

Is there a lasting power of attorney?

Yes

No

Does the customer have the mental capacity to communicate their decisions?

Yes

Yes, with limitations

No

Summary Support Plan Details ***

Date Support Plan Started

Inability to achieve outcomes (include eligible and non-eligible needs)

Outcomes	Able/unable to achieve outcome?	Details

How will the personal budget be spent

What the budget will be used for	Who will provide it	How much it costs for the year	Which Outcomes will it meet	How the money for this will be managed

If this is for a Direct payment in part or full - which needs will be met by this - please also state the amount and frequency of the payments.

Please state eligible outcomes from the Assessment/Reassessment that will be met fully or partly by Carers/Voluntary agencies

How will this support help to reduce the individuals needs, and help to prevent/delay the development of needs in the future?

Support plan Summary Date completed:

Involvements and Review Arrangements

Customer or Carer/Representative

Name

Date

Assessor

Name

Date

Social Care Practitioner

Name

Date

Brokerage and Support Line Manager

Name

Date

Review Plan

Suggested review date

Frequency of review thereafter:

Agreed Personal Budget (Statutory Only) ***

Statutory Manager Authorisation

Agreed Personal Budget - Annually (£)

Agreed Personal Budget - Weekly (£)

Of this, the customer's contribution is - £

Name

Job Title

Date

