

# Appendix 3 - Checklist

**Timing of the direct payment request**

Please check which applies

|  |  |
| --- | --- |
| ☐ | EHCP is in the process of being drafted or reassessed |
| ☐ | The EHCP is being transferred from a Statement |
| ☐ | At an annual review |

If the request made is outside of the above then the request will need to wait until one of the above applies.

The Proposed Recipient of the Direct Payment

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Please tick yes or no for each of the below****Are you/have you** |
| ☐ | ☐ | Are you in receipt of a Health or Social Care personal budget? |
| ☐ | ☐ | Are you subject to a drug rehabilitation requirement? |
| ☐ | ☐ | Are you subject to an alcohol treatment programme? |
| ☐ | ☐ | Are you released on License under Part 2 of the Criminal Justice Act 1991 subject to a non- standard licence condition requiring the offender to undertake offending behaviour work to address drug-related or alcohol related behaviour? |
| ☐ | ☐ | Are you a person who is required to submit to treatment for their drug or alcohol dependency by virtue of a community rehabilitation order within the meaning of section 41 of the Powers of Criminal Courts (Sentencing) Act 2000 or a communitypunishment and rehabilitation order within the meaning of section 51 of that Act? |
| ☐ | ☐ | Are you subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000(d). |
| ☐ | ☐ | Are you subject to a youth rehabilitation order imposed in accordance with paragraph 22 (drug treatment requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which requires the person to submit to treatment pursuant to a drug treatment requirement. |
| ☐ | ☐ | Are you subject to a youth rehabilitation order imposed in accordance with paragraph 23 (drug testing requirement) of Schedule 1 to the Criminal Justice and Immigration Act 2008 which includes a drug testing requirement. |
| ☐ | ☐ | Are you subject to a youth rehabilitation order imposed in accordance withparagraph 24 |

Please tick and sign below:

I confirm that the above information I have provided is an honest and true representation. I have read the privacy statement and understand how the information I have provided will be verified using the local authority’s systems. ☐

Signature…………………………………………………… Date / /

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# Personal Budget Provision

The Direct Payment can only be made to directly meet the provision in the plan, please work with SENDIT and the head teacher (if a school is named in the Education Health and Care Plan) to complete the below table.

|  |  |
| --- | --- |
| Parent to complete | SENDACT to complete |
| What are | Which provision | Annual or Total | Proposed | SENDACT | Does this have | Is it an efficient | SENDACT |
| payments being | does this | Cost | parental | Decision if this | an adverse | use of | Decision |
| requested for? | directly relate |  | contribution? | meets the | impact on | resources? |  |
|  | to? |  |  | provision in the | services |  |  |
|  |  |  |  | Plan. | provided? |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

Local Authorities Decision

|  |  |  |
| --- | --- | --- |
| Is SENDACT in agreement to the release of the direct payment being requested? | Yes☐ | No☐ |
| SENDACT Comments– (please provide detailed reasoning behind decision to issue or decline a direct payment – continue on a separate sheet if necessary) |
| SEND Manager SignatureDate / / |
| Parent comments |
|  |
| Name of School on role of: |
| Is the school in agreement to the release of the direct payment being requested? | Yes☐ | No☐ |
| Head Teacher Comments – (please provide detailed reasoning behind decision to issue or decline a direct payment – continue on a separate sheet if necessary) |

/ /

Date

Parent Signature

/ /

Date

Head Teacher Signature