

## My Support Money

This document explains how **My Support Money** is managed and used. It is an agreement between **[Your Name]** and **[Service Provider Name]**.

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### About This Agreement

- **Your Name:** [Your Name]
- **Your Address:** [Your Address]
- **Service Provider:** [Service Provider Name]
- **Service Provider Address:** [Service Provider Address]

**Start Date:** [When the support starts]

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### What Is This Agreement About?

This agreement is about how **[Your Name]** will receive support using the money given for care, known as **Direct Payments**.

**[Service Provider Name]** will help you with this support.

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### What Support Will You Get?

- **Days:** You will get **14 hours** of one-to-one support every day.
- **Nights:** You will also get **10 hours** of night-time support.

**[Service Provider Name]** will arrange for Personal Assistants (PAs) to help you during these hours.

**Your support might change sometimes, and [Service Provider Name] will work with you and your family to make these changes.**

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## Holidays

- **When You Go on Holiday:** If you don't need support during a holiday, you need to tell **[Service Provider Name]** one month before. This way, you won't be charged for those hours.
- **When You Need Support During Holidays:** If you need your PA to join you on holiday, they can. But **[Service Provider Name]** will not pay for extra costs like hotels or travel.

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## Emergencies

- **Emergency Help:** Sometimes, things might happen that need quick help. **[Service Provider Name]** will have someone on-call during evenings and weekends for emergencies.
- **What to Do in Emergencies:** If something happens, your PA will call the emergency number. They will also fill out a form and tell **[Service Provider Name]** as soon as possible.

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## How Will Your Support Be Managed?

- **Support Plans:** **[Service Provider Name]** will follow your support plans to make sure you get the help you need.
  - **Keeping Track:** Your PAs will use an app to keep notes about your day. This helps everyone know how you are doing.
  - **Medicines:** Your PA will help you take your medicine. **[Service Provider Name]** will make sure you get your prescriptions in time.
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## Hiring Personal Assistants (PAs)

- **Choosing PAs:** You can help choose who your PA will be. **[Service Provider Name]** will talk to you about any concerns with your PAs.
  - **PA Responsibilities:** PAs are responsible for their jobs. **[Service Provider Name]** will manage things like lateness or sick days.
  - **PA Training:** **[Service Provider Name]** will make sure your PAs are trained to help you safely.
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## How Your Money Is Managed

- **Direct Payments:** This is money you get to pay for your care.
  - **Monthly Invoices:** **[Service Provider Name]** will send you a bill each month for the care they provided.
  - **Extra Costs:** If you want to do extra activities, you will need to check with **[Service Provider Name]** at least two weeks before to make sure the costs are covered.
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## Insurance and Safety

- **Insurance:** **[Service Provider Name]** makes sure all staff have the right insurance.
  - **Safety Checks:** All staff must have a police check (DBS) before working with you.
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## Equipment for PAs

- **Devices:** **[Service Provider Name]** will provide your PAs with a phone and computer to help them do their job.

- **Money Cards:** You will have two debit cards. One for your personal spending and one for things like shopping and activities. Your PA will help you budget.
  - **Travel:** Your PA will use an Oyster Card for travel when helping you. You will use your Freedom Pass.
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## What Happens in Case of Problems?

- **Reporting Problems:** If anything goes wrong, it will be reported on the app. **[Service Provider Name]** will also talk with you and your family to make a plan within 48 hours.
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## Meetings

- **Regular Updates:** There will be regular meetings to check how things are going and make improvements.
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## Confidentiality

- **Keeping Information Private:** **[Service Provider Name]** will keep all your personal information safe and private.
  - **Data Protection:** **[Service Provider Name]** follows the rules to keep your data secure.
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## Payment Details

- **Day Rate:** £[Amount] per day for care.
- **Invoice:** **[Service Provider Name]** will send you a bill every month. You have 14 days to pay it.

- **Changes in Costs:** If costs need to change, [**Service Provider Name**] will discuss this with you 3 months in advance.
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## **Ending the Agreement**

- **Notice:** If you or [**Service Provider Name**] want to end this agreement, you need to give 3 months' notice.
  - **Transition:** This will give time to find new support and make sure everything is handed over properly.
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## **Agreed and Signed By**

### **Your Signature:**

- **Name:** [Your Name]
- **Date:** [Date]

### **Service Provider Signature:**

- **Name:** [Service Provider Representative Name]
- **Date:** [Date]