



## **The Right to Control**

Control and choice  
for disabled people

# **Part 3b My Support Plan Record**

## **Information other people need about your Support Plan**

My Name:

CIL Number:

Manchester Area Partnership April 2011

## About this document



This is part of your Right to Control Routefinder. It helps you say what support you want to live your life and reach your goals.

Part 3 is about your Support Plan and is in 3 parts:

- **Part 3a** can be used as your Support Plan.
- **Part 3b** is information that other people need about your Support Plan. It can record information about support you get from different funds.
- **Part 3c** is the same as Part 3b, but only records information about support you get from one fund.

You may not need to fill in all 3 parts, but there may be other forms you may need to fill in.

There are rules about what has to be in a Support Plan, so if you do your own plan, you might still have to fill in the questions in this part, or fill in other forms to make sure all this information is written down.

This part also records how your Support Plan will be funded.

## Contacting you

**Name**

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**Address**

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**Post Code**

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**Phone**

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The Office for Disability Issues is part of the government that looks at equality for disabled people.

They want to see what the people who are taking part in the Right to Control think.

They may want to contact you to see if it can be made better.

## About my impairment or condition

- I have a physical impairment (Tick ✓)
  - I have a learning difficulty or learning disability
  - I have a sensory impairment
  - I have a mental health condition
  - Other (please say)
-

## About my Support Plan

I will use the Right to Control to:

- Take a Direct Payment
- Use an existing service
- Choose a different provider

✓ Tick all that you will be using

## Funding

My Support Plan will be funded by:

- Access to Work
- Adult Social Care
- Disabled Facilities Grant
- Housing-Related Support (Supporting People)
- Work Choice
- Independent Living Fund

## How my funding is made up

- Access to Work weekly payment of
- Adult Social Care weekly payment of
- Adult Social Care one-off payment of
- Disabled Facilities Grant one-off payment
- Work Choice average weekly payment of
- Independent Living Fund weekly payment
  
- Total weekly payments
- Total one-off payments

## Your own contributions

Depending on your circumstances you may have to make a contribution to the cost of your plan.

You may also choose to add some of your own money to the cost of your Support Plan. If so, record the amounts:

**Social Care weekly contribution**

£

**Supporting People weekly contribution**

£

**Disabled Facilities Grant contribution one-off**

£

**Other weekly contribution**

£

**Other one-off contribution**

£

■ **Total weekly payments**

£

■ **Total one-off payments**

£

■ **The total amount of contribution you are making**

£

## How my Outcomes will be reached

**Outcome**

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**Details of the support to be given**

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**Who will pay?**

**Cost £**

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**Outcome**

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**Details of the support to be given**

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**Who will pay?**

**Cost £**

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**Part 3b Support Plan record**

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**Outcome**

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**Details of the support to be given**

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**Who will pay?**

**Cost £**

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**Outcome**

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**Details of the support to be given**

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**Part 3b Support Plan record**

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**Details of the support to be given**

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**Who will pay?**

**Cost £**

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**Outcome**

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**Details of the support to be given**

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**Who will pay?**

**Cost £**

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## Reviewing my support

It is important that your Support Plan is reviewed regularly to make sure it is meeting your needs. Use this section to record the details about how this will happen.

How often will my Support Plan be reviewed?

- every week
  - every month
  - every 3 months
  - every 6 months
  - every year
  - Other, say how often
- 

## Who will arrange the review?

**Name**

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**Organisation**

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**Contact details**

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## Who will be involved in the review?

**Name**

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**Organisation**

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**Contact details**

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**Name**

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**Organisation**

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**Contact details**

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**Name**

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**Organisation**

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**Contact details**

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Copy more sheets if you need to







## Disabled Facilities Grants

Is part of your Plan paid for with a Disabled Facilities Grant?

Yes     No

If Yes, please answer these questions

**Who will do the works and how will they do it?**

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**Who will the grant to be paid to?**

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**If the grant is paid in instalments, how will this be done?**

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**What will the works do for you?**

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## About the information in this form

I will look after the main copy of this document myself

Yes       No

I have asked the Right to Control Centre for Independent Living to keep a copy of this document.

Yes       No

I have asked another person or organisation to look after the main copy of this document.

Yes       No



**Names and contact details of other people who have a copy of this document and what their relationship with me is.**

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## Reference numbers

Sometimes you may be given a reference number by organisations so they can find your information.

You can keep numbers here:

**Organisation:**

**Number:**


The last date changes were made to this document was:



**Date:**

## Funders

Someone from each organisation which funds your plan should sign here to say they agree with it.

**Organisation:**

**Name:**

**Sign:**


You should also sign your Support Plan to say you agree with it:

**Sign:**

**Date:**



**Right to Control Centre for Independent Living**  
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**BEVC**  
**Aked Close**  
**Ardwick**  
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**M12 4AN**

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**MANCHESTER**  
CITY COUNCIL



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL

**TRAFFORD**  
COUNCIL



Part of the Department  
for Work and Pensions

**iif**  
independent  
living fund

Making choice real for disabled people



including disabled people