



The Right to Control

Control and choice
for disabled people

Part 3c Short 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

Address

Post Code

Phone

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

They want to see what 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 learning difficulty or learning disability
- I have a sensory impairment
- I have a mental health condition
- Other (please say)
-

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

I get support from:

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

This form is about payments funded by:

Amount paid Weekly One-off

Personal contribution is Weekly One-off

How my Outcomes will be reached

Outcome

Details of the support to be given

Cost £

Outcome

Details of the support to be given

Cost £

Outcome

Details of the support to be given

Cost £

Outcome

Details of the support to be given

Cost £

Outcome

Details of the support to be given

Cost £

Outcome

Details of the support to be given

Cost £

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?

Who will arrange my review?

Name

Organisation

Contact details

Who will be involved in the review?

Name

Organisation

Contact details

Name

Organisation

Contact details

Specific arrangements for the review

List here any specific arrangements that need to be made for your review meeting, such as access, time of meeting, where it can be held.

Risks to me or other people

If you have thought of any risks to you or other people that are to do with your Support Plan, list them here and say who will manage them and how they will do it.

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?

Who will the grant to be paid to?

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

What will the works do for you?



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.

This should be filled in by the organisation giving funding
Organisation: _____ **Reference Number:** _____

Signed: _____

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

Sign: _____	Date: _____
--------------------	--------------------

Last date changes were made: _____





Right to Control Centre for Independent Living
Breakthrough UK Ltd
BEVC
Aked Close
Ardwick
Manchester
M12 4AN

Tel: 0161 273 5412
Fax: 0161 274 4053
Textphone: 0161 273 5727
Email: cil@breakthrough-uk.co.uk
Website: www.breakthrough-uk.co.uk



MANCHESTER
CITY COUNCIL



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

TRAFFORD
COUNCIL



Part of the Department
for Work and Pensions



Making choice real for disabled people

