

Appendix 3 - Checklist

Timing of the direct payment request

Please check which applies

<input type="checkbox"/>	EHCP is in the process of being drafted or reassessed
<input type="checkbox"/>	The EHCP is being transferred from a Statement
<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	Are you in receipt of a Health or Social Care personal budget?
<input type="checkbox"/>	<input type="checkbox"/>	Are you subject to a drug rehabilitation requirement?
<input type="checkbox"/>	<input type="checkbox"/>	Are you subject to an alcohol treatment programme?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	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 community punishment and rehabilitation order within the meaning of section 51 of that Act?
<input type="checkbox"/>	<input type="checkbox"/>	Are you subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000(d).
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Are you subject to a youth rehabilitation order imposed in accordance with paragraph 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 / /

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

Local Authorities Decision

Is SENDACT in agreement to the release of the direct payment being requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SENDACT Comments– (please provide detailed reasoning behind decision to issue or decline a direct payment – continue on a separate sheet if necessary)		
SEND Manager Signature	Date / /	

Parent comments		
Name of School on role of:		
Is the school in agreement to the release of the direct payment being requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head Teacher Comments – (please provide detailed reasoning behind decision to issue or decline a direct payment – continue on a separate sheet if necessary)		

Head Teacher Signature	Date
/ /	
Parent Signature	Date
/ /	

