

## SSD 1000

### Services Funded by the Local Authority

User's  
Name

Ref No

The SSD 1000 form is designed to give a breakdown of the average weekly cost of services funded, or to be funded, by your department. This average weekly figure is essential as it upholds an application/reassessment, confirming that:

The Local Authority is providing/will provide regular and ongoing (at least 4 payments per year, once every 13 weeks) services/funding to the value of **£16,640 per year** (equivalent to £320 per week) net of any client charge or VAT on new applications.

For a reassessment the Local Authority will continue to at least meet their previously agreed contribution when there is an increase in the hourly rate charged. The maximum the ILF can pay each week remains at £455.

If the amount of care the user needs goes up the ILF will consider paying more money but will only be able to do this when the Local Authority contribution is at least £320 per week. The maximum the ILF can pay each week remains at £455.

The £16,640 minimum services/funding cannot include anything that is funded by the Health Authority of Education. Any funding that is not from the LA Community Care Budget **cannot** be included in the **£320** per week minimum.

It is essential that all relevant sections are completed. If the regular service types stated are inappropriate please feel free to change the headings. Should there be insufficient space please continue on a separate sheet of paper.

Please ensure that you highlight any Local Authority care provision currently funded on a temporary basis that the ILF are to consider taking over.

## **New Applications**

This completed form should be sent with the Application and Financial Information forms to Nottingham. An application cannot be considered until all these forms are received. It will be used in conjunction with our ILF Assessors report, to calculate whether the ILF can make top up payments to meet the needs of the applicant.

## **Reassessments**

If you have been informed that a visit is to be done by the ILF Assessor, please take this form to the visit or send the completed form to the ILF Assessor. If the reassessment is to be done without a visit from an ILF Assessor, please send the completed form to the case holder in Nottingham.

If you have any queries with regard to the completion of this form please do not hesitate to contact the office at Nottingham, as an incorrectly completed form may hold up the application/reassessment process.

## **Qualifying Support and Services (QSS)**

- Cleaning and other domestic duties
- Cooking and preparing food and drink
- Laundering and ironing
- Shopping
- Personal hygiene and grooming
- Dressing
- Eating
- Drinking
- Physical movement such as turning, walking
- Supervision in order to avoid substantial danger to him or herself or others
- In addition, QSS from the LA can include the cost of day centre and respite care and the cost of transport to and from these services

## **Supporting People Grant**

Please provide a clear breakdown of any care provided using Supporting People monies that fall within the Qualifying Support and Services criteria.

<b>Date Awarded</b>	
<b>Amount Paid (Total A)</b>	

## Personalised/Individual Budget Schemes

Please indicate how much funding has been allocated, by your department, to this person under a personalised or individual budget scheme. How much of this will be allocated to meet ILF's Threshold Sum of £320 per week (£16,640 per annum) qualifying support and services?

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<b>Weekly amount</b>	<b>£</b>	
<b>Weekly user charge</b>	<b>£</b>	
<b>Total B</b>	<b>£</b>	

<b>Example</b>	01/04/07	Mon - Fri 9 am - 5 pm = 40 hours	<b>X</b>	£10.00
<b>Type of regular service</b>	<b>Date began/ will begin</b>	<b>Hours per week</b>	<b>X</b>	<b>Hourly rate/ Daily rate net of VAT</b>  £
<b>In-house homecare</b>		Mon Tues Wed Thurs Fri Sat Sun	<b>X</b>	
<b>Daycentre</b>		Mon Tues Wed Thurs Fri Sat Sun	<b>X</b>	
<b>Contracted out care</b>		Mon Tues Wed Thurs Fri Sat Sun	<b>X</b>	
<b>Direct payment</b>		Mon Tues Wed Thurs Fri Sat Sun	<b>X</b>	

<b>Joint Package</b>		Give total package costs and details of funding sources (eg LA/ILF/HA)		
<b>Respite Care</b>		Frequency – number of nights/weeks per annum		Annual (gross) cost of service

**Please highlight any Local Authority care provision currently funded on a**

= £400	+	£10	-	£20	X	48 weeks	52 weeks	= £360.00
<b>Weekly cost of service net of VAT</b> £		<b>Additional weekly costs</b> eg transport £	-	<b>Weekly User charge for service</b> £	X	<b>Total weeks per year</b> eg is this service provided if user is in respite?		<b>Average weekly cost to SSD</b> £
	+		-		X weeks per year		Divide by 52 weeks =	
	+		-		X weeks per year		Divide by 52 weeks =	
	+		-		X weeks per year		Divide by 52 weeks =	
	+		-		X weeks per year		Divide by 52 weeks =	

							Divide by 52 weeks =	
				Annual user charge for respite				
							<b>Total Average weekly SSD input (Total C)</b>	£
							<b>Overall Total (A + B + C)</b>	£

temporary basis that the ILF are to consider taking over

## **ILF Package**

As part of the application process the ILF is now required to prioritise eligible applicants. The cost of the proposed care package funded by ILF and the Local Authority must be at least £500 per week/£26,000 per annum. This requirement does not apply if the applicant is in remunerative work of at least 16 hours per week.

Please provide a numerical breakdown of the weekly funding you require from the ILF.

**It is important that the declaration is fully completed and signed by someone who has the authority to confirm that their department will provide/is providing the level of services stated. Please note that if separate sheets are used, all sheets should be securely attached, signed and dated.**

I certify this to be a true record of the services provided/to be provided, by my department to the user named on this form.

**Signed**  **Date**

Please print the following details

**Name**  **LA**

**Office Address**

**Office Tel No**  **Fax No**

For convenience, please give details of the best time that you may be contacted to discuss any queries relating to this form?

It may be helpful for you to keep a copy of this form for future reference before it is returned to Nottingham.

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**Independent Living Fund (2006)**

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