|  |  |
| --- | --- |
| **Name of Resident:**  |  |
| **Name of Third Party:**  |  |
| **Relationship to Resident:**  |  |
| **Address of Third Party:** |  |
| **Telephone:**  |  |
| **Name of Home:**  |  |
| **Address of Home:** |  |
| In order to ensure that [Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is able to remain living in their chosen care home, the Council requires you to agree to make the Third Party Top up and to provide assurance as to your ability to continue to be able to meet the monthly payments required.**Disposable Income / savings available for Third Party Top up** (please bear in mind the length of commitment these funds need to be available for)**Monthly £**And/or**Savings £**CONTRACT DETAILS |
| **Date of Placement:**  |  |
| **Weekly Fee****The Council’s “Personal Budget”** |  |
| **3rd Party’s Contribution:** |  |  |

I agree to pay the above 3rd Party Contribution towards the cost of the placement of the above Resident at the above home and will continue to make this payment for the duration of the placement. I agree that:

1. This Contract is supplementary to and in consideration of an arrangement between the Resident, the Council and the Home to provide the Resident residential and/or nursing home care;
2. The payment must be paid to the Home (who will be acting as the Council’s agent) from the Date of Placement
3. I must agree arrangements with the Home for payment of the 3rd Party Contribution
4. Failure to keep up payments is likely to result in the Resident having to move to another room within the care home or to an alternative care home.
5. An increase in the Resident’s income will not reduce the 3rd Party Contribution since the Resident’s own income will be subject to charging by the Council in the usual way.
6. The Council cannot accept payment of the 3rd Party Contribution from the Resident’s own resources.
7. Any increase in fees may result in a need to review the 3rd Party Top Up. There is no guarantee that an increase in the provider fees will automatically be shared evenly between the council and 3rd party should the provider’s costs rise more quickly than the amount the Council would have increased the individual’s personal budget.
8. I will be liable to continue to pay the 3rd Party Contribution until the arrangement between the Resident, the Council and the Home comes to an end for whatever reason.
9. If the Provider fails to honour its contractual conditions with the Council, the Council reserves the right to terminate that contract. As a consequence, the Council’s commitment to the Customer at that Home will end and the Council and the Customer will need to explore alternative arrangements elsewhere.
10. I agree that the Council has rights to enforce the terms of this Contract against me pursuant to the Contracts (Rights of Third Parties) Act 1999.

**Signature of 3rd Party..................................................**

**Date………………………………………………………….**

**Print Name In Full………………………………………….**

**\*Note:** The 3rd Party should not agree to any change in their contribution without consulting the Council at the address below. Under the terms of the contract the Council has with the home, any proposed variation in charges has to be considered and agreed with the Council. Where the proposed variation would result in an increase in the Third Party Contribution, the 3rd Party would again need to assure the Council that they are willing and able to continue the increased payment for the duration of the arrangement.

**For the Customer** (**or Legal Representative**)

 I confirm I agree to the above and in particular I note that in the event of non payment of the 3rd Party Contribution for more than 28 days the Council is likely to make arrangements for [Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to move to alternative accommodation where the cost can be met within the Council’s Personal Budget (unless an alternative 3rd party contribution is secured again).

**Signature of Customer or Legal Representative.....................................................**

**PRINT NAME IN FULL………………………………………….**

**Date ........…….......................................................................**

**For the Care Home Manager**

I confirm I agree to the above and in particular I note that in the event of non payment from the Third Party Contributor, I will inform the Council as soon as possible.

**Signature of Manager or Authorised Officer........................................................**

**Print Name in Full………………………………………….**

 **Date ........……................................................................**

**Please return to:**

Adult Social Care, Second Floor West, Newham Dockside, Dockside Road, London E16 2QU