

THIRD PARTY FINANCIAL AGREEMENT

Before signing this agreement, you should read these notes carefully and discuss any queries you have with the Care Manager.

You have agreed to pay a third party contribution towards the cost of accommodation for:

Client name:		who is resident in:	Home name:	
Client reference:				

- A third party payment is required because the cost of the home that has been chosen is higher than the funding level that Nottinghamshire County Council considers is necessary/prepared to pay for this type of care.
- A third party amount is payable in addition to the amount that the resident has been assessed to contribute towards the cost of care.
- You must ensure that you are able to afford your agreed contribution throughout the resident's stay in the care home.
- It is likely that the care home will seek to increase the resident's fee at least annually and this will affect your third party contribution. We will write to you if this happens and ask you to sign a new agreement.
- The Department of Health instructs councils that residents should not use either their disregarded capital or Personal Expenses Allowance to pay a top up. The only exceptions are residents who are being funded during the 12 week disregard period or financially assisted under the Deferred Payments Scheme.
- If you can no longer afford to pay your contribution, you should speak to the Care Manager as soon as possible. It may be necessary to move the resident to another home in these circumstances.
- Nottinghamshire County Council pays the gross fee to the care home. The only amounts you and/or the resident should have to pay directly to the home are those in respect of the resident's personal expenses not covered in the care plan, for example chiropody, hairdressing or newspapers.
- If the care home requests any other form of payment, you should contact Adult Care Financial Services, who will advise you how to proceed.
- You may wish to take independent legal or financial advice before entering into this agreement.

- Nottinghamshire County Council prefers payment of third party contributions by Direct Debit. A Direct Debit instruction is attached, which should be completed and returned to the address stated on the form.

I agree to pay:

Amount:	£
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 per week, with effect from:

Date:	
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towards to the cost of accommodation for:

Client name:	
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I understand that these payments are to meet a proportion of the full cost of accommodation which is higher than the amount which Nottinghamshire County Council is prepared to pay for this category of care.

I understand also that a further increase in the fees charged by the care home may result in an increase in the amount that I am liable to pay under this agreement. I therefore accept that any change in fees may result in a new agreement being drawn up between myself and Nottinghamshire County Council to take account of such a change.

Third Party Payer Name	
Address	
Signature	
Date	

Witness	
Address	
Signature	
Date	

For ACFS use only

Framework ID		Old TP ceased	
Home Cost		New TP set up	
New TP start date		Completion screen	
Notes updated		User ID	

