

Schedule of Payments (NB this Schedule will be updated whenever there is a change in either the client contribution or the contribution from GCC)

Name of Direct Payment Recipient:

Date of Agreement:

The County Council locality panel agreed on ----/----/----- to make a Direct Payment to you.
The details are shown below:-

Assessed Financial Contribution - Service User will pay	
Gloucestershire County Council will pay	
Total of Direct Payment will be	

Reason for Payment <i>(Please insert details)</i> <i>(Receipts should be provided where appropriate)</i>	Frequency <i>One Off/Annual/ 4-weekly/Other</i>	Amount
<p>Provide a clear breakdown of the total package funding</p> <p>Assessed Financial Contribution – this will be the amount you will pay towards your Direct Payment following your financial assessment.</p>		

Payment:

Net weekly payment to be made £.....per week

One-off Payment £.....

Payment Arrangements (for ongoing services):

Payments to be made 4 weekly in advance

Start date for payments: (When Care Services Finance Team receive a copy of the first provider invoice or PA time sheet)

Agreed Account Surplus

Calculated as (insert number of weeks)..... x the weekly payment plus contingency amount. (Normally equivalent to one weeks' payment).

£

You will be advised in writing if you are required to repay any surplus above your agreed maximum holding.

Note; At no time should funds accrued in the Direct Payment bank account exceed the equivalent of 8 weeks direct payments, other than funds accrued for legitimate purposes as agreed by the Council.