**JOINT RESOURCE ALLOCATION PANEL**

**OUTCOME AND FUNDING FORM (3)**

|  |
| --- |
| *JRAP URN* |
|  |

|  |  |  |
| --- | --- | --- |
| *Date of JRAP* |  | *Date Alert Form Approved* |
|  |  |  |

**Child / Young Person’s Details**

|  |  |  |
| --- | --- | --- |
| *Forename* | *Surname* | *Date of Birth* |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| *CCG* |  | *NHS Finance Number* |
|  |  |  |

**Outcome**

|  |
| --- |
| *Comments* |
|  |

|  |
| --- |
| *JRAP Review Date (Annually unless otherwise stated)* |
|  |

**Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| *Item No.* | *Description* | *Date to be completed* | *Lead* |
| *1* |  |  |  |
| *2* |  |  |  |
| *3* |  |  |  |
| *4* |  |  |  |

**Agencies Details**

|  |  |  |
| --- | --- | --- |
| *EHC / SEN Area Manager* | *Service Manager (SC)* | *Health Assessor* |
|  |  |  |

**Lead Agency**

|  |  |  |
| --- | --- | --- |
| *Name of Lead Professional* | *Email Address* | *Direct Line* |
|  |  |  |

**Details of Placement Provision**

|  |  |  |
| --- | --- | --- |
| *Name of Holding Organisation* |  | *Name of Unit* |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| *Start Date of Placement* |  | *Child / Young Person’s Review Date* |
|  |  |  |

**Cost of Placement or Provision – Annual Forecast Funding Split**

**Annual Placement Cost *(52 weeks)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| *Social Care Annual Forecast* |  | *Social Care %* |
|  |  |  |
| *Health Annual Forecast* |  | *Health %* |
|  |  |  |
| *Education Annual Forecast* |  | *Education %* |
|  |  |  |

**Cost of Placement or Provision – Funding Split as Loaded to Finance System**

**MAIN PLACEMENT**

|  |  |  |
| --- | --- | --- |
| *Number of Weeks* |  | *Total Cost* |
|  |  |  |
| *Weekly Fee* |  | *Additional Costs e.g. transport, assessment* |
|  |  |  |
| *Social Care Weekly Fee* |  | *Social Care %* |
|  |  |  |
| *Health Weekly Fee* |  | *Health %* |
|  |  |  |
| *Education Weekly Fee* |  | *Education %* |
|  |  |  |

**Financial Information**

*Financial Responsibility*

|  |
| --- |
|  |

*Invoice Frequency*

|  |
| --- |
|  |

**ADDITIONAL WEEKS**

|  |  |  |
| --- | --- | --- |
| *Number of Weeks* |  | *Total Cost* |
|  |  |  |
| *Weekly Fee* |  | *Additional Costs e.g. transport, assessment* |
|  |  |  |
| *Social Care Weekly Fee* |  | *Social Care %* |
|  |  |  |
| *Health Weekly Fee* |  | *Health %* |
|  |  |  |
| *Education Weekly Fee* |  | *Education %* |
|  |  |  |

**Financial Information**

*Financial Responsibility*

|  |
| --- |
|  |

*Invoice Frequency*

|  |
| --- |
|  |

**ADDITIONAL WEEKS / COSTS**

|  |  |  |
| --- | --- | --- |
| *Number of Weeks* |  | *Total Cost* |
|  |  |  |
| *Weekly Fee* |  | *Additional Costs e.g. transport, 1:1 staffing* |
|  |  |  |
| *Social Care Weekly Fee* |  | *Social Care %* |
|  |  |  |
| *Health Weekly Fee* |  | *Health %* |
|  |  |  |
| *Education Weekly Fee* |  | *Education %* |
|  |  |  |

**Financial Information**

*Financial Responsibility*

|  |
| --- |
|  |

*Invoice Frequency*

|  |
| --- |
|  |

**Contract Information**

*Agencies to specify additional wording to be included in the contract.*

|  |
| --- |
|  |

**APPROVED BY:**

**Social Care**

|  |  |  |
| --- | --- | --- |
| *Name* | *Title* | *Signature and Date* |
|  |  |  |

**Health**

|  |  |  |
| --- | --- | --- |
| *Name* | *Title* | *Signature and Date* |
|  |  |  |

**Education**

|  |  |  |
| --- | --- | --- |
| *Name* | *Title* | *Signature and Date* |
|  |  |  |