

# JOINT RESOURCES ALLOCATION PANEL

## JRAP Change Form (4)

This form must be completed for any changes of costs to existing JRAP Placements e.g. increase in number of weeks of provision, a change to core costs, additional costs etc.

**NB: If the CYP has moved units or changed providers a NEW Alert (1) form will need to be completed and emailed to [admin.jrap@kent.gov.uk](mailto:admin.jrap@kent.gov.uk).**

### Child / Young Person's Details

<i>Forename</i>	<i>Surname</i>	<i>Date of Birth</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Details of Current Placement

<i>Provider</i>	<i>Placement Address</i>
<input type="text"/>	<input type="text"/>

### Outline Proposed Changes

e.g. transport, 1:1 staffing, 38 week extended to 52 weeks

**Total weekly cost of placement/provision and breakdown of cost for each agency and any additional costs/weeks including proposed changes**

### MAIN PLACEMENT

<i>Number of Weeks</i>	<input type="text"/>	<i>Annual Cost</i>	<input type="text"/>
<i>Weekly Fee</i>	<input type="text"/>	<i>Additional Costs e.g. transport, assessment</i>	<input type="text"/>
<i>Social Care Weekly Fee</i>	<input type="text"/>	<i>Social Care %</i>	<input type="text"/>
<i>Health Weekly Fee</i>	<input type="text"/>	<i>Health %</i>	<input type="text"/>
<i>Education Weekly Fee</i>	<input type="text"/>	<i>Education %</i>	<input type="text"/>

## ADDITIONAL WEEKS

*Number of Weeks*

*Annual Cost*

*Weekly Fee*

*Additional Costs e.g. transport, assessment*

*Social Care Weekly Fee*

*Social Care %*

*Health Weekly Fee*

*Health %*

*Education Weekly Fee*

*Education %*

## ADDITIONAL WEEKS /COSTS

*Number of Weeks*

*Annual Cost*

*Weekly Fee*

*Additional Costs e.g. transport, assessment*

*Social Care Weekly Fee*

*Social Care %*

*Health Weekly Fee*

*Health %*

*Education Weekly Fee*

*Education %*

## Lead Professionals Details

### Social Care

*Social Worker*

*Address*

*Team*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Manager*

*Email Address*

*Direct Line*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Health

*Health Lead*

*Role*

*Address*

*Team*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Manager*

*Email Address*

*Direct Line*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CCG

Please Select...

**Education**

<i>EHC / SEN Lead</i>	<i>Role</i>	<i>Address</i>	<i>Team</i>

<i>Manager</i>	<i>Email Address</i>	<i>Direct Line</i>

**Authorising Officer (Evidence)**

*Provide confirmation that the respective Health, Education and SCS agency panels have approved the placement and funding required*

**Health**

<i>Panel Name</i>	<i>Date of panel</i>	<i>Approved by: Name and Title</i>	<i>Date of agreement</i>

**Education**

<i>Panel Name</i>	<i>Date of panel</i>	<i>Approved by: Name and Title</i>	<i>Date of agreement</i>

**Social Care**

<i>Panel Name</i>	<i>Date of panel</i>	<i>Approved by: Name and Title</i>	<i>Date of agreement</i>