

#### **AGREEMENT WITH THE THIRD PARTY**

#### **FOR A CONTRIBUTION TOWARDS THE COST OF PRIVATE RESIDENTIAL//NURSING CARE**

|  |  |
| --- | --- |
| **Name of Resident:**  |  |
| **Name of Third Party:**  |  |
| **Relationship to Resident:**  |  |
| **Address of Third Party:** |  |
| **Telephone:**  |  |
| **Name of Home:**  |  |
| **Address of Home:**  |  |
| CONTRACT DETAILS |
| **Date of Placement:**  |  |
| **Weekly Gross Charges:**  |  |
| **Third Party’s Contribution:** **Payment Made to:**  |  |  |

I am willing to pay the above Third 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 understand that:

1. Failure of the Third Party to keep up payments will be considered a default and is likely to result in the Resident having to move to another home.
2. If the Third Party defaults on this agreement the Authority and or Provider can initiate its debt recovery procedures and take whatever legal action is necessary to recover the outstanding debt.
3. An increase in the Resident’s income will not necessarily reduce the Third Party Contribution since the Resident’s own income will be subject to charging by the Authority in the usual way.
4. The Authority cannot accept payment of the Third Party Contribution from the Resident’s own resources.
5. If the Home fails to honour its contractual conditions the Authority reserves the right to terminate the contract.

**Signature of Third Party** ............................................................................**Date** ........……............

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

I, the Provider, approve of the above agreement.

Signature of Provider Manager ............................................................................Date ........……............

Please return to:

**Worker**

**Team**

**Civic Centre, High Street, Middlesex, UB8 1UW**

**Email worker**