**Direct Payment Checklist**

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| --- | --- |
| **Client ID** |  |
| **Client Name** |  |
| **EDM Date (specify what documents)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Who** | **System** | **Yes** | **No** |
| Have you requested a non-residential Financial Assessment? | Social Worker/Adult Practitioner | LAS | [ ]  | [ ]  |
| Have you completed Support plan and broken down the DP?To include:* Fairshare cost,
* PA hours and costs,
* one off payments:

 DBS,  advertising,  insurance etc * payroll company
* specific care provision
 | Social Worker/ Adult Practitioner | LAS | [ ]  | [ ]  |
| Has an FD been received? | Social Worker/Adult Practitioner | Check EDM | [ ]  | [ ]  |
| Have you completed the DP set up form? | Social Worker/Adult Practitioner | EDM | [ ]  | [ ]  |
| Have you completed the Direct Payment Agreement? | Social Worker/Adult Practitioner | EDM | [ ]  | [ ]  |
| Have you checked: * service provisions including all relevant management fees etc.
* previous Managed and/or DP CPLI’s have an appropriate end date?
* Costs are correct?
* Quality Assurance step completed as per Peer Review Process.
* Advised PPQ team of presentation at PDF?
 | Team Leader/Senior Social Worker | LAS | [ ]  | [ ]  |
|  |  |  |  |  |
| **Signed off by Social worker/Adult Practitioner** | Name: | Date: |  |  |
|  |  |  |  |  |
| Have you checked service provisions including all relevant management fees etc. and any previous DP CPLI’s have an appropriate end date? (Send back to co-ordinator if needed.) | DP Officer | LAS | [ ]  | [ ]  |
| Have we got all Bank Statements etc. for Financial Assessment? | DP Officer | Check EDM | [ ]  | [ ]  |
| Have we completed Pre-Assessment (based on FD and checked contribution is not higher than DP amount)? | FCM | LAS & ContrOCC  | [ ]  | [ ]  |
| Have we created supplier reference if needed and have bank details been added by Purchase Ledger? | DP Officer | Agresso | [ ]  | [ ]  |
| Is supplier reference on DP tab in Client/DP in ContrOCC with bank information? | DP Officer | ContrOCC | [ ]  | [ ]  |
| Authorised/Activated (Ensure start date of provision matches set up form date and deactivates old provision.)**If above £550 reassign to Amardeep** | DP Officer | LAS | [ ]  | [ ]  |
| Have all attributes (account type, DP Monitoring Due) been added? | DP Officer | ContrOCC | [ ]  | [ ]  |
|  |  |  |  |  |
| **Signed off by FCM** | Name: | Date: |  |  |
|  |  |  |  |  |