**Direct Payment/Personal Budget**

**Support and Finance Checklist for Six-Monthly Reviews**

*This form should be completed by the Social Worker in conjunction with the Finance Officer and the Recipient.*

Name of Family/DP/PB Recipient …………………………………………............

Start Date of DP/PB …………………… Date of Review ……………..............

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Question** | **Response** | **Comments/Action Taken** |
| 1. **Returns** | Have Returns been received quarterly? | Yes/No |  |
| Have Returns been correctly completed? | Yes/No |  |
| Have Bank Statements been received quarterly? | Yes/No |  |
| 1. **Account** | Date information last reconciled |  |  |
| Are there any outstanding issues? | Yes/No |  |
| **3. Records** | Is the recipient keeping cheque stubs? | Yes/No |  |
| Are they properly completed with the date, amount and payee? | Yes/No |  |
| Is the recipient keeping invoices and receipts? | Yes/No |  |
| **4. Spending** | Is the expenditure appropriate to the assessed need? | Yes/No |  |
| **5. Unspent money\*** | Has the account been ‘zeroed’, leaving no more than 20% of the total annual budget? | Yes/No |  |
| Has any balance owed been returned? | Yes/No/NA |  |
| **6. Support** | Is the Recipient receiving satisfactory support from WCIL? | Yes/No |  |
| Is there any further support required from WCIL? | Yes/No |  |
| Is the Recipient receiving support from another source? | Yes/No |  |
| **7. Action** | Is an increase to the package required? | Yes/No |  |
| Is a decrease to the package required? | Yes/No |  |
| Is the package to end? | Yes/No |  |

***\*Note for 5. above:*** *The balance of the Account should be checked at each 6-month review.*

DP/PB recipient’s signature ……………………………………………………………

Social Worker’s signature ………………………………………………………....

**Direct Payment to continue unchanged/amend as below:**

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Manager’s signature ………………………………………Date………………..