



**Section 17 – Child in Need**

DISABILITY BENEFITS - EXPENDITURE - MONITORING TOOL

Date of Planned / Activity /Service or Item / Purchase	Brief Details of: Item/Activity/Service	One-off/ Recurring	Planned Cost	Actual Cost (in the period)	How does this meet the child/parent (s) / carer (s) needs? Brief Details
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
<b>Activities / Services / Items Purchased During the Period:</b>					
<b>Total Expenditure in the Period:</b>			£	£	

Social Worker/Case Worker Comments:		Name:
		Signature:
		Date: