DISABILITY BENEFITS - EXPENDITURE - MONITORING TOOL

Child/Young Person Name: [LCS Ref]		[Add LCS Ref here]	Date Benefits Commenced:	Date from:
Parent(s) / Carer(s) Name:				Does Parent(s)/Carer (s) Receive Carers Allowance:	£ Amount
Period Covered:		From	То	Balance in hand at start of period:	£
Benefits received	DLA/PIP	Frequency of payment: Weekly/ 2 weeks /4 weeks (delete as appropriate)	Care Component Level and	Total income in the period:	£
			£ Amount Mobility Component Level and £ Amount	Total actual outgoings in the period:	£
	UC/ESA	Frequency of payment: Weekly/ 2 weeks /4 weeks (delete as appropriate)	£ Amount	Balance in hand at end of period:	£

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
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

DISABILITY BENEFITS - EXPENDITURE - MONITORING TOOL

Activity / Service In or Item / Purchase	Item/Activity/Service	Recurring	Cost	Cost (in the period)	Brief Details
Purchase			£		
			£		
				£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	
Activities / Services /	/ Items Purchased During the Pe	riod:			
Total Expenditure in the Period:			£	£	

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