

## Adult Social Care (ASC) Information

Contact details for Oxfordshire County Council's Adult Social and Health Care Team

Please call

**0345 050 7666**

8.30 am – 5.00 pm Monday – Thursday

8.30 am – 4.00 pm Friday

In an emergency only outside of these hours please call

**0800 833408 (freephone)**

Name of your relative:	
Date of birth of your relative:	
Name of person completing the form:	
Date completed:	
Person ID Number (as allocated by ASC)	
National Insurance Number	

Is a social worker currently involved?	
Name	
Contact details	

<p><b><u>Adult Social Care Assessment</u></b></p> <p>Date of latest Care Act Assessment:</p> <p>Where is your copy?</p>	
<p><b><u>Support Plan</u></b></p> <p>Date Agreed:</p> <p>Where is your copy?</p> <p>What support has been agreed?</p>	
<p><b><u>Adult Social Care Review</u></b></p> <p>Date of last Review</p> <p>Any changes</p>	
<p><b><u>Personal Budget</u></b></p> <p>Weekly amount</p> <p>How is this managed?</p> <ul style="list-style-type: none"> <li>• Direct Payment</li> <li>• Managed account</li> <li>• Combination</li> </ul>	
<p><b><u>Direct Payments</u></b></p> <p>Is a copy of the signed direct payment agreement in this folder?</p> <p>Is the money paid into a separate bank account?</p> <p>Details of bank account?</p>	

<p><b>Do you use a Direct Payment Approved Provider to help you manage your relatives' personal budget?</b></p> <p><b>Name of Direct Payment Approved Provider</b></p> <p><b>Contact details</b></p>	
<p><b><u>Employing Personal Assistants</u></b></p> <p><b>Do you use a Personal Assistant (s) to support your relative?</b></p> <p><b>1.</b> <b>Name:</b></p> <p><b>Address:</b></p> <p><b>Tel:</b></p> <p><b>Are they self-employed or do you employ them?</b></p> <p><b>Are they registered with HMRC if not self-employed?</b></p> <p><b>Is their contract in this folder?</b></p> <p><b>2.</b> <b>Name:</b></p> <p><b>Address:</b></p> <p><b>Tel:</b></p> <p><b>Are they self-employed or do you employ them?</b></p>	

<p><b>Are they registered with HMRC if not self-employed?</b></p>	
<p><b><u>Payment of other services</u></b></p> <p><b>Does your relative attend any regular activities that need to be paid?</b></p> <p><b>Is the activity covered by their personal budget as agreed in their support plan?</b></p> <p><b>How is the activity paid for?</b></p> <p><b>1.</b></p> <p><b>2.</b></p> <p><b>3.</b></p>	
<p><b><u>Financial Assessment</u></b></p> <p><b>Does your relative contribute towards the cost of their social care?</b></p> <p><b>Date of last assessment</b></p> <p><b>Weekly contribution</b></p> <p><b>How is this paid?</b></p> <p><b>Is a copy of the Financial Assessment included in this pack?</b></p>	

<u><b>Any other Information?</b></u>	