





INDIVIDUAL SERVICE CONTRACT FOR CARE HOME SERVICES

1	Data	of Indi	اميياة	Condo	Contract	("100")	١.
Ι.	Date (oi inai	viduai	Service	Contract	130	I.

2.	This ISC is made under the terms and conditions of the Contract Agreement for Care Home
	Services (April 2020) ("the Contract"), which includes the Service Specification ("the Service
	Specification") and the Care and Support Plan of the Contract made between City and
	County of Cardiff County Council/ the Vale of Glamorgan Council ("the Council") and/or the
	Cardiff and Vale University Health Board ("the UHB") if applicable and <i>Insert name of TPP</i> ».

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3.	Name of Service User:
4.	Client No:
5.	Date of Birth of Service User: Click or tap to enter a date.
6.	Category (s) of Care:
	Respite (Social Care) Respite (Healthcare) Temporary Placement (Social Care) Temporary Placement (Healthcare) Permanent Residential Care (Social Care) Permanent Nursing Care Continuing Health Care
7.	Period of Care (please stipulate if known) From Click or tap to enter a date.
	Until Click or tap to enter a date.
8.	Has this service user been assessed as self-funding?
	 ☐ Yes ☐ No ☐ Not applicable (e.g. CHC/FNC) ☐ Finance assessment not yet complete ☐ Service user withheld consent
9.	Financial Arrangements:
Th	e Rate £ until (insert date) 20/12/2019
Le	ess Resident's Contribution £ £ thereafter

Third Party Payment	£	£
UHB Payment	£	£
Council Payment	£	£

Any element of funded nursing care will be paid directly by the Local Health Board

- 10. Any Third Party Payment will be paid directly to the Provider by:
- 11. The Provider agrees to provide care to the Service User in accordance with the Contract including the Service Specification and Care and Support Plan.
- 12. This ISC will terminate on the Expiry Date and may be terminated in any of the circumstances set out in the Contract.
- 13. This ISC may be amended by agreement and upon the issue of a revised Care and Support Plan, and such revised Care and Support Plan shall be deemed to form part of this ISC.
- 14. The ISC will be reviewed on an annual basis as a minimum.

SIGNATURE for and on behalf of Provider:	Print Name :
Position :	Date:
SIGNATURE for and on behalf of the Council : Pr	int Name :
Position : Dat	ie
SIGNATURE for and on behalf of the University Health Board :	Print Name:
Position: Dat	te:
SIGNATURE of, or on behalf of the Citizen:Print Nar	
Citizen : Print Nar	ne:

Role:	Date: