



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board



## INDIVIDUAL SERVICE CONTRACT FOR CARE HOME SERVICES

1. Date of Individual Service Contract ("ISC"):
  
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 *Insert name of TPP*.
  
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)	<input type="checkbox"/>
Respite (Healthcare)	<input type="checkbox"/>
Temporary Placement (Social Care)	<input type="checkbox"/>
Temporary Placement (Healthcare)	<input type="checkbox"/>
Permanent Residential Care (Social Care)	<input type="checkbox"/>
Permanent Nursing Care	<input type="checkbox"/>
Continuing Health Care	<input type="checkbox"/>
  
7. Period of Care (please stipulate if known)
 

From	<i>Click or tap to enter a date.</i>
Until	<i>Click or tap to enter a date.</i>
  
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:

The Rate                    £                    until (insert date) *20/12/2019*

Less Resident's Contribution	£	£                    thereafter
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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 :..... Print Name :**

**Position : ..... Date .....**

**SIGNATURE for and  
on behalf of the**

**University Health Board :..... Print Name:.....**

**Position: ..... Date:.....**

**SIGNATURE of, or  
on behalf of the**

**Citizen :..... Print Name:.....**

**Role: .....** **Date:.....**