Kare Promoting Inclusion for People with Intellectual Disabilities

# *Accessing Kare's Adult Supports Policy.*

**Kare Policy Document.**
**Policy Owner:** Manager of Operational Services and Supports.

| Rev. No. | Approved by the Policy Management Committee | Approved by Kare Board/Sub-Committee | Launched at Heads of Units | Operational Period |
|---|---|---|---|---|
| Rev. 7 | May 2022 | n/a | June 2022 | May 2022 - |
| Rev 8 | June 2024 | n/a | August 2024 | August 2024 – September 2025 |
| Rev 8.1 | July 2025 | n/a | September 2025 | September 2025 |
| Rev 8.2 | February 2026 | n/a | February 2026 | February 2026 |

Previous versions are available at the end of this document

**Document 059**

# Contents

# 1 Section 1: Policy

## 1.1 Background to this Policy.

The first version of this policy was written in 1995; it has been updated many times since to reflect changing circumstances within Kare and the HSE. More detailed information on the service and supports provided by Kare is available in the Kare Adult Supports Information Book.

The following regulations, policies and guidelines have been taken into account in updating this policy:

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (children and adults) with Disabilities Regulations 2013. Reg. No. 26)
- The Assisted Decision-Making (Capacity) Act 2015
- HSE New directions policy, what is an adult disability day service
- Kares Policies:
    - Managing Transition in Kare's Adult Services
    - My Life Plan: Community Homes and Outreach
    - Person Centred Planning in Local Services and Respite for Adults
    - Managing service users monies and properties
    - Managing Transitions Adult Services Policy

## 1.2 Aim of this Policy.

The aim of this policy is to describe how people access supports from Kare.

## 1.3 Scope of this Policy

This policy is for people who are:

- Seeking to access Kare Adult Supports for the first time.
- Referrals received from the HSE Day Service Opportunities Officers or Disability Services.
- Already in receipt of services from Kare Adult Supports through Local Services or Outreach and who now need further support with their living arrangements and wish to be considered for a residential placement
- Returning to Kare Adult Supports from another service provider or have been previously discharged

## 1.4 Policy Statements.

### 1.4.1 Criteria for accessing Kare's Adult Supports

1.4.1.1 To be eligible to access Kare's Adult Supports a person must:

- be 18 years of age, or over
- have written confirmation of an intellectual disability as their primary disability,
- live within Kare's catchment area – Mid to South *Kildare, East Offaly, West Wicklow and North East Carlow*. However, exceptions to this on a case by case basis can be made from time to time following referral from the HSE.

1.4.1.2 Kare work in partnership with the HSE and can only provide supports to a person if the identified funding and resources to provide an adequate level of service has been agreed with the HSE or if Kare already have a suitable vacancy which has been funded.

1.4.1.3 In the event that sufficient funding or appropriate resources are not available at the time of the referral, the person may only receive some of the supports they need or their transition to commence in the service may be delayed until sufficient funding or resources become available from the HSE.

1.4.1.4 Kare have in place information and opportunities for individuals to find out about the services that Kare offers.

1.4.1.5 Kare will endeavour to provide services and supports to a person in the area where they live.

1.4.1.6 Kare will endeavour to provide supports such as clinical supports or respite to a person linked to the services on receipt of a referral and manage a waiting list for these supports.

1.4.1.7 Kare will encourage people to use public transport to get to and from their service whenever possible and liaise with the HSE Day Opportunities team or Disability services if an individual requires transport.

1.4.1.8 An Individual currently receiving support from a Kare Local Service or the Outreach service (a day funded service) can make an application in writing (with assistance if required from Kare staff) for support with their living arrangements in a Kare

Residential Community House.

***Note:***

- In the event of Kare receiving a referral from the HSE requesting a residential placement, for a person who is not currently receiving support from Kare, Kare will review the referral and the organisation will work in partnership with the HSE to provide possible solutions for the person.
- Kare work in partnership with the HSE to manage residential emergencies. The HSE may identify a residential service option available with another organisation and request that the person be offered this place.

### 1.4.2 Applying to Kare's Adult Supports.

1.4.2.1 When applying to Kare Adult Supports for the first time a person should apply for either a Local Service or Outreach (Day Funded Place).

1.4.2.2 Students about to leave school must apply to Kare through the HSE Day Service Opportunities team. Other applicants can apply through the HSE Disability Manger in their areas or contact Kare's Accessing Kare Intake team secretariat, Adult Services | Kare

1.4.2.3 Kare require people applying for support to complete an Application Form. The Application Form may be obtained from the HSE Day Service Opportunities team, the HSE Disability Manager or directly from Kare. The application form is also available on Kare's website Adult Services | Kare

1.4.2.4 Kare requires people applying for support to submit reports written within the last three years, with their application form:

- that confirms the individual has an intellectual disability, for example a psychological assessment / report
- any additional supporting information such as reports from CDNT, school and medical where appropriate.

### 1.4.3 Making a decision on an Application for Kare Adult Supports

1.4.3.1 When Kare receives an application for Adult Supports, the *Accessing Kare Intake team will review the application and make a decision based on the information provided. The decision will be one of the following:

- The Person does not meet Kare's criteria for support.
- More information is required before making a decision.
- The person meets the criteria and Kare have the funding and resources to meet their support needs.
- The person meets the criteria but Kare does not have the funding and/or resources to meet their support needs e.g. insufficient staff and/or lack of a suitable building or environment.
- Where a person meets the criteria for support and Kare has the necessary funding and resources Kare will inform them in writing and request that they confirm their intention to take up the offer of support.

**** The Accessing Kare Intake team :*** *The Accessing Kare Intake team consists of Kare's Principal psychologist or designate from the Psychology dept, a member of the Kare's Adult Supports Management Team, the Manager of Kare's Operational Services and Supports and the Intake Secretariat. This representative from the Adult Supports Management team will rotate this role on an annual basis*

1.4.3.2 Where a person does not meet Kare's criteria for support, they will be informed in writing of the decision and the reason for this decision.

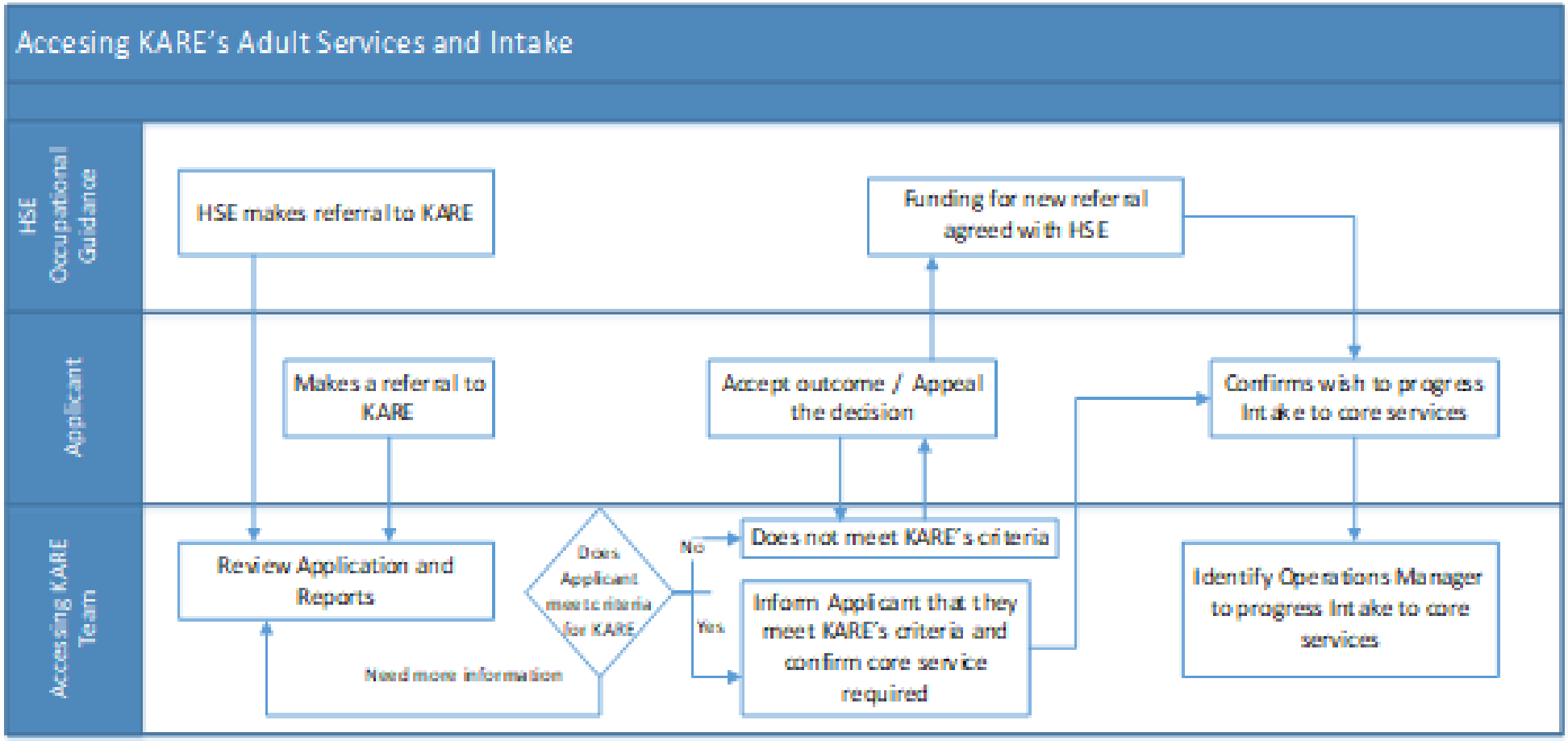
1.4.3.3 Where more information is required to make a decision, the Accessing Kare Intake team will inform the referrer in writing of the information required. When the information is received the Accessing Kare Intake team will make a decision on offering support.

1.4.3.4 Where a person meets the criteria for support but Kare does not have the necessary funding and/or resources, the Accessing Kare Intake team will inform them in writing and will apply to the HSE for the required funding. It is not possible to determine the time frame for securing funding from the HSE.

1.4.3.5 The person, their family, representative or advocate may contact the Accessing Kare Intake team and ask for information on the progress of their application.

1.4.3.6 A person can appeal the decision of Kare's Accessing Kare Intake team if they are not happy with the decision made, they can make this appeal in writing to Kare's CEO. The CEO will make a decision on the appeal within 21 days and inform them of the outcome in writing.

## 2 Section 2: Process



# 3 Section 3 Procedures for Accessing Kare.

## 3.1 Confirmation of Eligibility

3.1.1 If an application is received directly from an individual or their family, Kare will redirect this application to the HSE Day Opportunities Team for them to determine the relevant service for the applicant.

3.1.2 Kare will receive relevant applications from the HSE Day Opportunities Team/HSE CHO Disabilities Teams

3.1.3 On receipt of the application the Intake Secretariat will circulate the application and relevant reports to the Accessing Kare Intake team .

3.1.4 The Accessing Kare Intake team meet on a monthly basis where they review applications. This group will record the discussion re: the application on the Intake Progress Log.

3.1.5 The Accessing Kare Intake team will make a decision on the application, based on the following:

- The person does not meet Kare's criteria for support
- More information is required before making a decision
- The person meets the criteria and Kare have the funding and resources to meet their support needs, which will include frontline supports and clinical supports if relevant.
- The person meets the criteria but Kare does not have the funding and/or resources to meet their support needs e.g. insufficient staffing, clinical supports and/or lack of a suitable building or environment.

3.1.6 If required, a designated person will liaise with the HSE to agree sufficient funding in advance of an offer of service being made.

3.1.7 The Intake Secretariat will inform the applicant in writing of the decision following the Accessing Kare Intake team meeting.

3.1.8 If relevant, the Appeals Process as outlined will be allowed to proceed. The outcome of this process will be advised to the Accessing Kare Intake team .

### 3.2 School leaver referrals.

3.2.1 During the first half of each year, Kare receive referrals from the HSE Day Opportunities Team specifically for school leavers, which includes referrals for Local Service and Outreach Services including Project Search /OWL). Following the review of these applications by the Accessing Kare Intake team to determine if they meet Kare's criteria, the Manager of Operational Services and Supports will convene a specific meeting to discuss the school leaver referrals.

This meeting will include the Operations Managers in Adult and Children Supports, the Principal psychologist or designate from the Psychology dept, the Support Services Manager , rep from Kare's Adult Clinical team and the school leaver Transition Planner.

This group will review the applications and discuss capacity across Adult Supports and specific support requirements such as transport, equipment, etc..

3.2.2 The Manager of Operational Services and Supports will liaise with the HSE Day Opportunities Team, to review and discuss the funding assigned to each individual and request funding for equipment and building refurbs where relevant. As new directions national policy specifies that transport is not provided for school leavers, this will only be provided if Kare receive funding from the HSE Day Opportunities Team.

3.2.3 The Manager of Operational Services and Supports will liaise with the CEO, The Adult and Children Operation Managers, school leaver Transition Planner and relevant other departments regarding the planning for the commencement of school leavers in Adult Supports. This planning includes but is not limited to; budget planning, transport requirements, building requirements, clinical supports.

3.2.4 Kare will work within the National timelines for an offer of service for school leavers and will liaise with HSE Day Opportunities Team to confirm offers to commence in the September of the calendar year.

3.2.5 Following an offer of service, the relevant Operations Manager and the school leaver Transition Planner will meet with the young person and their family to discuss the services offered by Kare Adult Supports and a digital file will be created on Kare's central database CID.

3.2.6 During the period of time prior to commencement of services, the school leaver transition planner will:

- Determine if any further information is available to ensure the required support needs is gathered
- Determine if there are any specific supports the person is interested, via school, young person and their family and HSE Day Opportunities.
- Meet with the young person and their family to complete a Review of Supports Needs
- Liaise with relevant Kare staff to ensure all relevant information is shared and documented on Kare's central database.
- Document a Transition Journey from school leaver in conjunction with the relevant leader to support the individual to commence in the service , this plan will include the days the individual will initially attend, hours etc.. School leavers will begin their transition to Adult Supports in September.

3.2.7 The relevant leader in conjunction with the Operations Manager will:

- communicate start date with young person and their family
- ensure an Individual Service Agreement outlining the supports to be provided is prepared and agreed.
- The young person and/or their family/representative will review and sign the Individual Service Agreement to indicate they are happy to accept the supports available.
- Ensure a family communication plan is agreed.

### 3.3 Taking up a place in Kare Adult Supports for referrals (non-school leavers)

3.3.1 When a person confirms they wish to take up an offer of support in Kare's Adult Supports i.e. Local Service or Outreach, the Manager of Operational Services and Supports and the assigned Operations Manager on the Accessing Kare Intake team will discuss referral(s) with the Adult Supports Management Team, to include:

- funding,
- support needs
- any space requirements
- clinical supports requirements

- transport
- other relevant information.
- The Operations Management team may also need to liaise with other depts across the organisation and / or the HSE.
- if required liaise with the referrer in the HSE if funding is required for refurb or rental space, individual transport, significant clinical supports and / or equipment to enable a smooth transition for the new referral.

3.3.2 During the period of time prior to commencement of services, the assigned Operations Manager will ensure:

- if any further information is available to ensure the required support needs is gathered
- determine if there are any specific supports the person is interested, via the individual and and/or their family/representative, previous service, and HSE Day Opportunities.
- a Review of Supports Need is completed.
- liaise with relevant Kare staff to ensure all relevant information is shared and documented on Kare's central database, CID
- a Transition Plan and Transition checklist is developed to support the individual to commence in the service, this plan will include the days the individual will initially attend, hours etc.. as outlined in Kare's Managing Transition in Kare's Adult Services Policy
- a start date is agreed and communicated with the individuals and/or their family/representative
- ensure an Individual Service Agreement outlining the supports to be provided is prepared and agreed.
- the individual and/or their family/representative will review and sign the Individual Service Agreement to indicate they are happy to accept the supports available.
- ensure a family communication plan is agreed.

3.3.3 The person and/or their family/representative will review and sign the Individual Service Agreement to indicate they are happy to accept the supports available.

3.3.4 The Operations Manager will ensure the appropriate arrangements are in place for the person to commence in Kare, this may include; resources in the local service such as staff, equipment, transport if funded, etc…

### 3.4 Requesting support with future Living Arrangements

3.4.1 A person or their family may request support from Kare with regards to their future living arrangements, i.e. they may wish to live in a Kare Community House. However, the availability of any support is dependent on Kare having the necessary funding approved by the HSE, a suitable property available and all necessary resources in place such as staffing

3.4.2 A person's request for support with their living arrangements may come to the attention of Kare in a number of ways for example:

- through the Individualised Planning Process / PCP
- by speaking with the Social Worker or any member of the Clinical Supports Team
- through the person's Key Worker or the Leader of their service

3.4.3 Once a person or their family are considering a request for living arrangement supports, the individual / family member / designate should forward a letter to the relevant HSE Health Region for the attention of the Disability Team outlining their request for a full time residential place and if this request is for an emergency placement or for future/contingency planning. A copy of this letter should also be forwarded to the Accessing Kare Intake team.

3.4.4 On receipt of this letter by the Accessing Kare Intake team , the secretariat will liaise with the relevant assigned Operations Manager, who will review information.

**If the request for residential is for an emergency placement, the Operations Manager will:**

- ensure a referral for social work support is completed, if the individual is not an active case.
- liaise with the relevant social worker to complete and send a Disabilities Referral Form, if the individual resides in the Dublin Midlands health region.
- complete the DSAMT form liaising with other members of the team around the person to complete this document.

- ensure the Accessing Kare Intake team secretariat has a copy of DSMAT, Social Work report, any other supporting documentation and where relevant, the disability referral form, who will then:
  - forward these documents to the relevant Health region area in the HSE. *The HSE will then include the person's name on their database for managing residential places*.
  - upload all relevant documentation with regards to the individuals request for a residential place to their electronic file on CID
- complete Kare's internal document *Living needs assessment liaising with other members of the team around the person to complete this document.

**If request for residential is for future/contingency planning the Operations Manager will:**

- complete a DSAMT form liaising with other members of the team around the person to complete this document.
- complete a Disabilities Referral Form if the individual resides in the Dublin Midlands area.
- ensure the Accessing Kare Intake team secretariat has a copy of DSMAT, any other supporting documentation and where relevant the disability referral form who will then:
  - forward these documents to the relevant Health region area in the HSE. *The HSE will then include the person's name on their database for managing residential places*.
  - upload all relevant documentation with regards to the individuals request for a residential place to their electronic file on CID
- complete Kare's internal document *Living needs assessment liaising with other members of the team around the person to complete this document as required.

Note:

* Living needs assessment Form is a Kare document which helps the organisation to plan for future needs in relation to living arrangements.

3.4.5 If a suitable place is identified in a Kare community house and the relevant funding and resources are in place, the Manager of Operational Services and Supports will:

- liaise with the relevant Operations manager to discuss the identified location, potential impact on others, resources required etc..
- inform the relevant members of the senior management team in Kare that a suitable place may be available for the person.

3.4.6 When a suitable place is identified in a Kare community house, the Operations Manager will:

- complete a *compatibility assessment for this individual reflecting on the identified location and support needs of others residing in this location, liaising with other members of the team around the person to complete this document as required.
- complete Compatibility Assessment summary document
- upload these documents to the individual's file on CID.
- update Adult Supports Management team on the Compatibility Assessment summary document and record discussion at weekly team meeting.
- co-ordinate the discussions with the person/their family/representative outlining the details of the accommodation and supports on offer
- inform the person and their family/representative of the relevant regulations and standards as per HIQA and how Kare comply with these.
- Inform the person and their family / representative of the relevant organisational policies such as Managing service users monies Property, Housing Policy, Safe administration and management of medication etc….
- ensure other people living in the house are informed that another person may be coming to live there.
- facilitate a visit to the proposed Community House

Note compatibility assessment form is a Kare document which helps the organisation to ensure the proposed individuals can reside together with minimal negative impact on other individuals.

When a person confirms they wish to take up an offer to move into a Community House the following will be arranged by the Operations Manager:

- Transition Plan and Transition checklist are completed to support the person to move and settle into the Community House, as outlined in Kare's Managing Transition in Kare's Adult Services Policy

- Liaise with Kare's quality and risk manager to ensure the statement of purpose for the specific designated centre if required.
- an Individual Service Agreement outlining the supports to be provided
- a Tenancy Agreement including the rent to be paid
- advise the person that they may apply for Rent Supplement with staff support if applicable
- A Residential Support Services Maintenance and Accommodation Contributions (RSSMAC) assessment is completed to establish the contribution the person will need to pay.

3.4.7 In arranging for a new person to move into a Community House the Operations Manager will:

- ensure in as far as possible there is no adverse effect for others living in the house
- consult with the other people currently living in the house and support them to make a smooth transition to the new arrangements.

3.4.8 The Leader in the house will support the implementation of the Transition Plan and ensure that a full Assessment of Need is completed prior to any move taking place. Individual Support Plans identified through this assessment ,wherever possible, will be prepared in advance of the move to ensure staff have the necessary information to provide appropriate support. However, where additional time is required to get to know the person as they adjust to their new environment, plans will be finalised within 28 days of admission. The HSE may identify a residential service option available with another organisation and request that the person be offered this place.

The HSE may request Kare submit a business case to create a new service:

- for an individual already attending Kare's service
- for a new individual who does not access Kare's Adult Supports.

Once the business case is approved the procedures outlined in this policy and the Transition Transfer policy will be adhered to.

## Appendix 1: TOR for Accessing Kare Intake team

Kare Promoting Inclusion for People with Intellectual Disabilities

| | |
|---|---|
| **Purpose** | To review all applications received to determine whether they meet Kare's eligibility criteria as outlined in the Accessing Kare Adult Supports policy and whether there is funding available. |
| **Aim** | To receive and assess all applications in line with the Accessing Kare Adults Supports policy in an open, transparent and consistent manner. |
| **Objectives** | 1. To provide greater clarity on eligibility with reference to confirmation of Intellectual Disability.<br>2. To record and maintain an accurate log of applications received and ensure this log is updated regularly by all members of the Team.<br>3. To determine the timeframe in which applications will be responded to.<br>4. To be clear to applicants re: funding and space available and implications of same.<br>5. Intake Secretariat to liaise with relevant HSE referrer for additional information in order that the group can make timely decisions.<br>6. Liaise with the Young Adults Team regarding any School Leaver referrals. |
| **Membership** | Principal psychologist or designate from the Psychology dept, Manager of Operational Services and Supports, Operations Manager and Intake Secretariat.<br><br>This group will also participate in the Annual School Leaver meeting to be convened by Manage of Operational Services and Supports. |
| **Frequency of meetings** | Meetings will be held monthly provided there are referrals to be discussed. |
| **Quorum** | Principal psychologist or designate from the Psychology dept and Operations Manager from Adult Supports Services will be required to be in attendance (or designates if agreed). |
| **Reporting responsibilities** | • Principal psychologist or designate from the Psychology dept to share necessary information with relevant others.<br>• Operations Manager to share necessary information to the Adult Supports Services Team. |
| **Administrative support** | Intake Secretariat. |
| **Review** | Annually as Operations Manager changes term and sooner if required. |

| Rev. No. | Approved by the OMT | Approved by Kare Board | Launched at Heads of Units | Operational Period |
|---|---|---|---|---|
| Rev. 1 | | | | 1995-2005 |
| Rev. 2 | May 2005 | June 2005 | | Oct 2005- March 2009 |
| Rev. 3 | December 2008 | February 2009 | April 2009 | April 2009 – Sept. 2011 |
| Rev. 3.1 | Amended to reflect introduction of separate policy for external people accessing Kare's Adult Services and Supports. | | | Sept. 2011- July 2013 |
| Rev. 4 | March 2013 | February 2013 | July 2013 | July 2013 – June 2014 |
| Rev.4.1 | June 2014<br>Amended to reflect Emergency Access to Living Options | June 2014<br>Board informed of amendments | June 2014<br>informed by email | June 2014 –March 2018 |
| Rev 5 | January 2018 | March 2018 | March 2018 | March 2018 – May 2021 |

# Appendix 2 – Transitioning Checklist

| CHECKLIST FOR TRANSITIONING TO A LOCAL SERVICE / COMMUNITY HOUSE | | | | |
|---|---|---|---|---|
| | Local Service | Community House | By Whom | By When |
| GENERAL | | | | |
| Transition Plan | Link with relevant people to start the plan. Arrange Time/Dates of Individual's transition visits to new service | Link with relevant people to start the plan. Arrange Time Dates of individual's transition visits to new service | | |
| | Appoint a keyworker as soon as possible | Appoint a keyworker as soon as possible | | |
| Equipment | • Is there any specialised equipment being used by the individual, or required? E.g. slings/hoists/standing frames, wheelchair etc. | • Is there any specialised equipment being used by the individual, or required? E.g. slings/hoists/standing frames, wheelchair etc. | | |
| | • Will staff require training in use of equipment prior to transition? | • Will staff require training in use of equipment prior to transition? | | |
| Discharge from previous service | Request all relevant reports and records from previous service to enable smooth transition. This should include clinical and medical records. | Request all relevant reports and records from previous service to enable smooth transition. This should include clinical and medical records. | | |
| Medical | • Request details of exact specific needs from external agencies/specialists. e.g.. hospital(dietician, consultant) family, other organisation | • Request details of exact specific needs from external agencies/specialists. e.g.. hospital(dietician, consultant) family, other organisation | | |
| | • Are there any medical devices or specialised care that may require staff training, e.g. peg/rig feeding | • Are there any medical devices or specialised care that may require staff training, e.g. peg/rig feeding | | |
| | • Is there any medical equipment needed from external sources e.g.. Primary Care | • Is there any medical equipment needed from external sources e.g.. Primary Care | | |
| | • If individual is on any medication, is there already a Kardex. If not nurse to follow up on this to ensure Kardex in place before individual attends service | • If individual is on any medication, is there already a Kardex. If not nurse to follow up on this to ensure Kardex in place before individual attends service | | |
| | • Check whether individual has a medical card. If not, establish whether they may have an entitlement and offer support in this regard if required | • Check whether individual has a medical card. If not, establish whether they may have an entitlement and offer support in this regard if required | | |
| | • If the individual agrees, keep record of Medical Card number on CID, and on KARDEX if applicable | • If the individual agrees, keep record of Medical Card number on CID, and on KARDEX if applicable | | |
| | • Referrals to be made to relevant clinicians if required, in consultation with the individual and in line with their will and preference. | • Referrals to be made to relevant clinicians if required, in consultation with the individual and in line with their will and preference. | | |
| | • Does a Medication Management Plan need to be developed? | • Does a Medication Management Plan need to be developed? | | |
| | • Are other management plans concerning health and wellbeing needed? Epilepsy management plan | • Are other management plans concerning health and wellbeing needed? Epilepsy management plan | | |
| Communication with family/guardians | Agree Family Communication Plan. | Agree Family Communication Plan. | | |
| | | Ward of court - who is main contact | | |
| Overview of Service | Provide the individual, and their family as relevant, with Contact Numbers, Location address, general description of the service | Provide the individual and their family as relevant, with Contact Numbers, Location address, general description of the service | | |
| CID records, and ensuring staff have access to required information about individual | Create record for the individual on CID, including ID number and photo | Create record for the individual on CID, including ID number and photo | | |
| PPSN | Record on CID | Record on CID | | |
| Informed Choices and Decision Making | | Individual has a right to choose and can be supported by staff to make an informed choice. If there is difficulty with choices or decisions the individual has a right to access an advocacy service to be supported independently | | |
| Assessment of Need / Review of Support Needs | Keyworker to complete new Review of Support Needs as outlined in Accessing KARE Policy | Assessment of Need to be completed within 28 days of admission. Leader to ensure this happens, in liaison with relevant Planner | | |
| HIQA | | Has individual been informed the service is regulated by HIQA? Have all relevant documents been provided, e.g. Statement of Purpose, Annual Review, Tenancy Agreement, etc. | | |
| Service Agreement | Complete with individual and Family | Complete with individual and Family | | |

| CHECKLIST FOR TRANSITIONING TO A LOCAL SERVICE / COMMUNITY HOUSE | | | | |
|---|---|---|---|---|
| **GENERAL** | **Local Service** | **Community House** | **By Whom** | **By When** |
| **FINANCES** | | | | |
| **Money Support** | Money Support Plan to be developed. (If no support required, this to be indicated on the Plan). This may include detail on: | Money Support Plan to be developed. (If no support required, this to be indicated on the Plan). This may include detail on: | | |
| | • Level of staff support | • Level of staff support | | |
| | • Cash control forms | • Bank account(s) | | |
| | | • Cash control forms | | |
| | | • Bank control forms | | |
| | | • Safe to be provided for person, in own room, as required. | | |
| | | • The person's income should be paid into their own account of choice (Bank/Credit Union/Post Office/Other), which they control. Where income is in cash, provision should be made for this in the Money Support Plan | | |
| | | • All valuable property coming in or going out will be recorded on an individual's property list. | | |
| **Rent** | | • Rent payable for the accommodation to be determined, and communicated to the person/family. | | |
| | | • Method of payment to be agreed | | |
| | | • Tenancy Agreement to be provided and signed by both tenant and Kare. Rent details will be included on this. | | |
| | | • Where applicable, tenant to be advised of Rent Supplement or RAS schemes, for support with rent. Tenant to be supported with applying if required. | | |
| **RSSMAC** | | • Tenant to be advised of RSSMAC, and be assessed for same. | | |
| | | • Tenant to be informed of Assessed RSSMAC charges, and method of payment. | | |
| **TRANSPORT** | • Whether person is offered transport in/out of service by KARE is noted in the Individual Service Agreement | • Is there any equipment needed for use on vehicles e.g. harness? | | |
| | • Does person have a travel pass? If not, do they need support to apply for one | • Does person have a travel pass? If not, do they need support to apply for one | | |
| | • Does person have a Primary Medical Cert? Are they likely to be eligible for one? | • Does person have a Primary Medical Cert? Are they likely to be eligible for one? | | |
| **Keyworker and Planner** | • Identify a keyworker and inform all relevant stakeholders | • Identify a keyworker and inform all relevant stakeholders | | |
| | | • Identify a planner through liaison with Outreach and inform all relevant stakeholders | | |
| **Adult Supports Admin** | • Liaise with Adult Supports Admin to ensure relevant data is submitted to the HSE | • Liaise with Adult Supports Admin to ensure relevant data is submitted to the HSE | | |