Social Services Department

Client Financial Support Agreement

1. Service User Details

Name:

Date of Birth:

Address:

2. Worker and Manager Details

Allocated Worker:

Team / Service:

Manager:

3. Purpose of Financial Support

This agreement sets out the arrangements by which Social Services will provide limited support to assist the service user with managing aspects of their personal finances in line with assessed needs and agreed outcomes.

4. Capacity and Consent

☐ The service user has been assessed as having capacity to agree to this arrangement and has given informed consent.

☐ The service user has been assessed as lacking capacity and a best-interest decision has been recorded in line with the Mental Capacity Policy.

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5. Scope of Financial Support

The agreed financial support includes (tick all that apply):

- ☐ Budgeting support
- ☐ Accompanying service user to withdraw cash
- ☐ Supporting essential purchases
- ☐ Holding small amounts of cash for short periods
- ☐ Other (specify): _____

_____

_____

_____

_____

_____

6. Limits and Controls

Maximum amount of cash to be held: _____

Frequency of support: _____

Duration of arrangement: _____

Review date: _____

7. Recording and Safeguards

All financial transactions will be:

- Recorded on a Client Financial File
- Supported by itemised receipts
- Reviewed regularly by a manager

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8. Prohibited Activities

Staff will not use personal funds or accounts, borrow or lend money, accept gifts, or act outside the scope of this agreement.

9. Ending the Agreement

This agreement will end when the support is no longer required, risks change, or alternative formal arrangements are put in place. Any remaining funds will be reconciled and returned to the service user.

10. Signatures

Service User / Representative
Signature:

Date:

Worker Signature:

Date:

Manager Signature:

Date:
