



**Direct Payment Agreement
For a one off payment**

This Direct Payment Agreement is solely for a “one off payment for a service”.

This Agreement is made on and is

Between

Person Responsible for the Direct Payment

Name	
Address	
Role Adult/Nominee/Authorised person/ carer	
Telephone	
E-mail	

Name of client receiving care and support (mandatory)

Name	
Address	
Telephone	
E-mail	

AND

Direct Payment Provider

Name	Derbyshire County Council
Name of Worker	
Position	
Work Base	
Telephone	

Derbyshire County Council (DCC) has carried out an assessment of the client's needs for care and support and has determined that the client requires a one off payment for the purpose detailed below.

The money will be paid into the responsible person's private bank account

Full cost and details of expenditure detailed below.

<p>One off payment approved</p> <p>Total cost: £.....</p> <p>Description:</p> <p>.....</p> <p>.....</p> <p>Expiry date of the one off payment:</p>
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You have chosen to receive a direct payment from DCC so that you can purchase a specific one off service, instead of having DCC provide or commission a service.

The money provided for the agreed service belongs to Derbyshire County Council and I understand that if I do not spend the money on the agreed service I will repay the unused monies to Derbyshire County Council.

I agree to fulfil any statutory or contractual responsibilities pertaining to the service I arrange with this funding.

I will provide documentation relating to the expenditure where requested.

I have read and understood the contents of this Agreement

Signed.....

*Direct Payment Recipient or Nominee or Authorised Person or Carer

Print name.....

Date.....

Signed.....

Derbyshire County Council Worker

Print name.....

Date.....

Only complete Where the Nominee has signed the Direct Payment Agreement

'I have nominated.....to manage and take responsibility for my direct payment and they have agreed to act on my behalf and they have read and understood the contents of this agreement.

Signature of Direct Payment Recipient

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Print name

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Direct Payment recipient

Date.....