

INTRODUCTION

Part A - Placement Agreement

This three-way Agreement concerns the placement of a Resident in the home of his/her choice and is between Birmingham City Council Adult Social Care and Health, the Provider [Homeowner] and the Resident, and is subject to and includes the Specification and Conditions of the current Contracts for Care Homes between the Council and the Provider.

More details on the Placement Agreement follow on Pages 2 - 5 where information on the following is provided: -

1. Information on the responsibilities of each party to the Agreement [i.e. the Provider, the Resident and the Council [Page 3]
2. Identification of key Contract components [Pages 3 & 4]
- 3.

PLACEMENT AGREEMENT SCHEDULE (PART A)

Name of Resident

Name of Provider

Name of Home:

Address:

Room Type]

SINGLE ENSUITE **SINGLE**

SHARED ENSUITE **SHARED**

SSD Price:

**Third Party
Weekly 'Top Up' Amount:**

TOTAL PRICE:

Date of Admission: -

Date of First Review: -

PLACEMENT AGREEMENT (PART A)

NOW IT IS AGREED as follows: -

1. RESPONSIBILITIES OF EACH PARTY

Provider.

Will provide a service to the resident, in accordance with its contract with the council and the Resident's Care Plan.

Resident:

Will respect the rights of other residents in the Home.

Will make payments in respect of his/her occupation of the home direct to the council unless the council directs otherwise. The amount and frequency of these payments will have been determined by the council and notified to the resident in writing.

Adult Social Care and Health:

Will provide a service that meets its obligations, as specified in the contract and the Resident's Care Plan. This includes arranging assessments and formal reviews of the resident's needs and providing advice to the Provider where

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- 3 In all other circumstances the period of notice to terminate a placement will be 14 days for the provider, the resident and the council. Notice can be given verbally, but must be followed up in writing

3. SNATURE7 OF THE7ARTIE7TO THE GRE7

PLACEMENT AGREEMENT (PART A)

2. KEY CONTACTS

Adult Social Care and Health

Please contact the Duty Worker at the Area Office detailed below relating to the following:

- a] **Matters relating to the resident [including notification of any temporary absences, notifiable events or change of circumstances]**

Area Office Address

Phone Number

- b] **Matters relating to all Adult Social Care and Health residents. of the home:**

Address:

Directorate for Adults Social Care and Health

Birmingham City Council

Commissioning Centre of Excellence

PO Box 16467

Birmingham

4. **EXTERNAL PLACEMENTS (PAYMENTS SECTION)**

Central Accounts Payable
PO Box 10861
Birmingham
B4 7WR

Telephone number; 0121-464-7299

The Accounts Payable Team no longer accept paper copies of invoices through the post, instead Providers are required to send electronic copies to the following email address:

Invoice E-mail address : SCHAdultsPayments@birmingham.gov.uk

5. **FUNERALS AND PROTECTION OF PROPERTY SECTION**

Service Manager
Funerals & Protection of Property
PO Box 16519,
Birmingham B2 2FJ
Phone: 0121 675 3141
Mobile: 07824694356

THIRD PARTY FUNDING AGREEMENT (PART B)

THIS AGREEMENT is made on.

BETWEEN:

BIRMINGHAM CITY COUNCIL of the Council House, Victoria Square, Birmingham
B1 1BB [**“the Council”**].

Name

**“the Contributor”
(i.e., the third party)**

Address

Name

**“the Provider”
(i.e., the homeowner)**

Address

and is to be used where:

[1]

THIRD PARTY FUNDING AGREEMENT (PART B)

Non-Payment

If the Contributor fails to pay the Third Party Top Up Amount, then the Council

THIRD PARTY FUNDING AGREEMENT SCHEDULE (PART B)

1. Resident

2. Home

3. Start Date

**4. Assessed
see
Cost**

**(i.e. amount of top up -
point 7 on page 8)**

5. Addresses for Notices:

Council's Address

Contact Person

Provider Address

Contact Person

Contributor's Address

Contact Person

SIGNED
by [Contributor]

SIGNED on behalf of
BIRMINGHAM CITY COUNCIL
by a duly authorised officer

SIGNED
by [Provider]