

My Ref: AS/FT/
Date:

Dear

Agreement to pay a Top Up in respect of: *service user*

Following your discussion with *case manager*, I understand that *service user* has expressed a wish that they should be accommodated at *care home* at a weekly cost of (*weekly contract price*) per week. This is *£ top up amount* greater than Cardiff Council would expect to pay for *service user* assessed needs, but you have indicated that you wish to meet this excess by way of a personal contribution.

The fees charged by the home and the payment made by the Cardiff Council, are reviewed annually. The reviews normally take place in April and I will write to tell you of any change. You should be made aware that changes in the fees and the payments made by the Cardiff Council might not be at the same rate, so I cannot guarantee that any increase in accommodation fees will be met in whole or part by Cardiff Council. Your contribution may therefore change (including increase in cost) over the length of the placement.

Cardiff Council will agree to the above arrangement. This agreement is based on your undertaking to make up the difference between Cardiff Council's payments and the fees charged by the Home and subject to the completion of the enclosed agreement. The Term of this agreement shall commence on *start date* and shall end on the termination of the contract with the home. Please note, payment will continue to be payable for four days after death and during periods in hospital where the bed in the home is being retained and any notice period unless the resident has transferred to another home. I understand that if I am unable to make the top up payments that Cardiff Council may seek to find suitable alternative accommodation for the service user in line with the Council's fee levels.

You should read the agreement carefully and you should consider seeking independent legal and financial advice to ensure you understand and can meet the obligations in the agreement. If you are in agreement with this arrangement, please complete and sign the agreement at the foot of both copies in the presence of an independent witness. Please return one copy to me at the above address and retain the other for your records. On receipt of the signed copy, the agreed placement will be arranged.

If you have any queries, please contact Business Support at this office, who will be happy to assist with your enquiry.

Yours sincerely

Business Support for Team Manager
Adult Services

PLEASE REPLY TO: Community Care Finance Team, Adult Social Services, Room 342, County Hall, Atlantic Wharf, Cardiff, CF10 4UW
Tel: 02920 871900

AGREEMENT TO MAKE ADDITIONAL TOP UP PAYMENTS FOR CARE AND SUPPORT IN A CARE HOME

AGREEMENT BETWEEN CARDIFF COUNCIL AND *(Name of person paying top up)* IN RESPECT OF *service user* AND CHARGES FOR *care home*

service user has been assessed by Cardiff Council to be in need of care in a care home under Welsh Government regulations.

The Welsh Government regulations enables Cardiff Council to request a contribution towards the cost of care from the citizen based on ability to pay. An assessment of the appropriate level of the contribution from *service user* has been or will be separately prepared and agreed.

The Government has directed that citizens should be able to exercise the widest possible choice in the arrangements for the provision of their care. Where this choice would result in a placement at a cost greater than an authority would be expected to pay for this level of service, an additional top up payment can make up the difference. In agreeing to pay the difference, there must be a commitment for this to be done on a continuing basis, and these payments are also due for any stay in hospital where the bed is retained, and during any period of notice given to the Home.

Cardiff Council suggest that you seek independent legal and financial advice regarding this agreement.

AGREEMENT

In consideration of Cardiff Council agreeing to the placement of *service user* in *care home*

I agree to pay to the Care Home and/or Cardiff Council until the resident's discharge or termination of the contract, the difference (which is additional to the resident's assessed charge; referred to as a Top-Up) between the accommodation fees charged by the home and the total sum. Cardiff Council is prepared to pay towards the care of the resident, from *start date* and thereafter, until the date of the resident's discharge or termination of this Agreement, whichever, shall last occur. I understand that the current contribution I will make is *£ top up amount* per week.

I understand that the resident's discharge can be taken to include four days after death and during periods in hospital where the bed in the home is being retained and any notice period unless the resident has transferred to another home.

I understand that the accommodation fees and the amount Cardiff Council is expected to pay are both subject to annual reviews, but these changes may not necessarily be at the same rate. In addition, any increase in accommodation fees will not automatically be shared

evenly between Cardiff Council and the resident. I therefore understand that it may be necessary to increase my contribution on notification of these changes.

I also understand that Cardiff Council reserves the right to terminate the contract with the Home if the Home itself fails to honour its contractual obligations. In the event that the contract with the Home ends, this Agreement will automatically terminate.

I understand that any increase in the resident's income will not necessarily lessen the need for a third party contribution.

I understand that if I fail to make any payment under this agreement or to make payment regularly or on time or if the payments cease to be adequate, Cardiff Council will pursue the debt accrued and reserves the right to terminate this Agreement and will have the right to arrange an alternative placement for *service user* at a cost that the Authority would expect to pay and may take legal action to recover any outstanding contributions.

In summary, I agree to contribute £ *top up amount* per week additional top up contribution in respect of *service users* accommodation at *care home* from *start date* until the date of the resident's discharge or termination of this Agreement

Signed
(name of person paying top up)

Witness.....
.....
Please print name

Date:.....

Address.....
.....
.....
Telephone No

Date.....