## Appendix 5

FN024D ‘DISABILITY BENEFITS QUARTERLY EXPENDITURE MONITORING AND AUDIT SHEET’

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child/Young Person Name:**  **[LCS Ref]** | [Add LCS Ref here |  | ] | **Placement Start Date:** |  | |
| **Foster Carer(s) Name:** |  |  |  | **Placement End Date:** |  | |
| **Period Covered:** | *From* | *To* |  | **Balance in Hand at start of period:** | | **£** |
| **Balance in Hand at end of period:** | | **£** |
| **Benefit received:** | **DLA/PIP** | **£** |  | **Weekly/ 2 weeks /4 weeks** *(delete as appropriate)* | | |
|  | **ESA** | **£** |  | **Weekly/ 2 weeks /4 weeks** *(delete as appropriate)* | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Planned/Act ual Activity or Purchase** | **Brief Details of Item/Activity** | **One-**  **off/**  **Recur ring** | **Planned Cost** | **Actual Cost (in the period**  **)** | **How does this meet the Bees?**   1. Be Happy **4.** 2. Be Independent **5.** 3. Be Ambitious **6.** | **Outcome**  Be Safe Be Healthy  Be Resilient |  |
|  |  |  | **£** | **£** |  | | |
|  |  |  | **£** | **£** |  | | |
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| **Date of Planned/Act ual Activity or Purchase** | **Brief Details of Item/Activity** | **One-**  **off/**  **Recur ring** | **Planned Cost** | **Actual Cost (in the period**  **)** | **How does this meet the Bees?**   1. Be Happy **4.** 2. Be Independent **5.** 3. Be Ambitious **6.** | **Outcome**  Be Safe Be Healthy  Be Resilient |  |
|  |  |  | **£** | **£** |  | | |
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|  |  |  | **£** | **£** |  | | |
|  |  |  | **£** | **£** |  | | |
| **Total Expenditure in the Period** | | | **£** | **£** |  | | |
| Foster Carer:  *I confirm that this is the agreed planned/actual expenditure during the period* | | | | Supervising Social Worker:  *I have reviewed the actual/planned expenditure & confirm that this is the agreed* | | | |
| Name: | | | | Name: | | | |
| Signature: | | | | Signature: | | | |
| Date: | | | | Date: | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Planned/Act ual Activity or Purchase** | **Brief Details of Item/Activity** | **One-**  **off/**  **Recur ring** | **Planned Cost** | **Actual Cost (in the period**  **)** | **How does this meet the Bees?**   1. Be Happy **4.** 2. Be Independent **5.** 3. Be Ambitious **6.** | **Outcome**  Be Safe Be Healthy  Be Resilient |  |
|  |  |  | **£** | **£** |  | | |
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