## 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  |   |
|   |   |   |  **£**  |  **£**  |   |
|   |   |   |  **£**  |  **£**  |   |
|   |   |   |  **£**  |  **£**  |   |
|   |   |   |  **£**  |  **£**  |   |
|   |   |   |  **£**  |  **£**  |   |
|   |   |   |  **£**  |  **£**  |   |
|   |   |   |  **£**  |  **£**  |   |
| **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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|   |   |   |  **£**  |  **£**  |   |

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