Four weekly Notification of Changes to Supporting People Service Users

PROVIDER NAME:- **MONTH:-**

Contact name:	
Contact tel no:	
Contact email:	

CONTRACT TYPE:- **Block Subsidy / Block gross Chargeable**

SERVICE ID:- **SERVICE NAME:-**

New Service Users

Title	Forename	Surname	Address	Postcode	Effective Start Date	On H.B. Yes/No/Not sure	Applied for H.B Yes/No/Not sure	SP rate payable per week	Applied for FCA Yes/No/Not sure	Forms to follow (Please Mark)

Tenancy / Service Ceased

Title	Forename	Surname	Address	Postcode	Effective Cease Date	On H.B. Yes/No/Not sure	Reason If deceased please give date of death

Updates (Change to Existing Data)

Title	Forename	Surname	Address	Postcode	Comments - Reasons for Change	On H.B. Yes/No/Not sure	Effective Start Date	SP rate payable per week	*Date first notified (for backdating)

Starting Payments

When first notifying, please enter details under New Service Users

Subsequent notifications with any paperwork attached should be shown in the Updates section

NB *Please fill in this column if you have previously notified the service user.

Data consent forms and / or Housing Benefit evidence should ALWAYS be attached to a 4 weekly notification form

Ending Payments

When a service user dies the date of decease must be notified as payments stop the Sunday on or after this date