

Appendix A2

Locality Address

Third Party Contribution towards cost of accommodation for **[Client Name]**

I agree to make a third party contribution of £xx toward the cost of **[Client Name]** accommodation at

In agreeing to make a third party contribution, I understand that:

My contribution may increase because the fee charged by the home for **[Client Name]** accommodation may be increased. I understand that I will always be informed of any such increase by **Devon County Council**.

If I have to stop paying the third party contribution, I will give the Council four weeks notice of my intentions.

If I have to stop paying the third party contribution, **[Client Name]** may be required to move to a less expensive room within the home or to move to a less expensive home.

If I am billed by Devon County Council the payment I am making will be added to **[Client Name] contribution, which is payable four-weekly in arrears. I will ensure that my payment is available so that the total contribution of her assessed contribution and my third party payment can be paid when required. Alternatively I will be advised by Devon County Council if I am required to make my contribution direct to the home.**

Signed.....

Name.....

Date.....

When signed, please return this agreement to the above address as quickly as possible.