

# Personalised Budget Demonstration Projects



This is an easy to read form for the Personalised Budget Demonstration Projects.



Fill in this form if you want to take part in the demonstration projects.

This does not mean that you will be picked.



Your participation in this pilot will be time limited.

It is anticipated that each successful applicant will participate in the demonstration project for at least twelve months .

When the project ends it will be agreed how best to meet your support needs going forward.



If you agree to take part, you will have an assessment of your support needs.

You will put together a personal support plan with your Personalised Budget project worker.



**Name:**



**Address:**



**Phone number:**



**Date of birth:**

**What services do you get now? Please tick**



Day Service



Rehabilitative Training



Home Support



Personal Assistance



Residential



Respite



**Name and address of your service provider:**



**Name and address of your centre:**



**How long have you been getting your service?**



**What type of personalised budget are you interested in?**



**Person Managed Fund**



Yes

No



**Co-managed with a service provider**



Yes

No



**Broker Managed Fund**



Yes

No

**Which type of personalised budget would you most like to try?**



**Do you agree that your information can be shared with those working on the Personalised Budget Demonstration Projects.**



Yes



No



**Your mark or signature**

month / day / year

**Date:**

**Please return your completed form to**

**Personalised Budget Demonstration Projects Office  
Community Strategy and Planning  
Health Service Executive  
St. Canice's Campus  
Dublin Road  
Kilkenny R95 P231**