

# Expression of Interest (EOI) Form for Personalised Budgets Demonstration Projects



If you would like to proceed with expressing your interest in participating in the **Personalised Budgets Demonstration Projects**, please complete the below details.

Please note that completing the EOI form may not entitle you to participate in the **Personalised Budgets Demonstration Projects**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please indicate which services you currently avail, tick all that apply**

|                         |                          |                     |                          |
|-------------------------|--------------------------|---------------------|--------------------------|
| Day Service             | <input type="checkbox"/> | Personal Assistance | <input type="checkbox"/> |
| Rehabilitative Training | <input type="checkbox"/> | Residential         | <input type="checkbox"/> |
| Home Support            | <input type="checkbox"/> | Respite             | <input type="checkbox"/> |

Name and address of Service provider: \_\_\_\_\_

Name and address of centre: \_\_\_\_\_

How long have you been receiving current services? \_\_\_\_\_

Please indicate below which model of service you wish to express an interest in, please select in order of preference, eg, 1 is your first choice, 2 is your second choice, 3 is your third choice

|                                    |                          |
|------------------------------------|--------------------------|
| Person Managed                     | <input type="checkbox"/> |
| Co-managed with a service provider | <input type="checkbox"/> |
| Broker                             | <input type="checkbox"/> |

## Consent

|   |                          |
|---|--------------------------|
| Please confirm your Consent for your information to be shared within the Personalised Budget Project Office | <input type="checkbox"/> |
|---|--------------------------|

Your participation in this pilot is time limited; It is anticipated that each successful applicant will participate in the demonstration project for at least twelve months after which time your it will be agreed how best to meet your support needs going forward

Your agreement to participate in the pilot will also include an Assessment Process, using a Standardised Assessment Tool, following which a Personal Support Plan will also be drawn up with you by your Personalised Budget liaison worker.

**Please return your completed Expression of Interest Form on or before September 7th 2020 to**

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

**or via email to [pbdemo@hse.ie](mailto:pbdemo@hse.ie)**

**If you have any questions, please contact the Personalised Budgets Demonstration Projects Office on**

**056 7784403 or via email at [pbdemo@hse.ie](mailto:pbdemo@hse.ie)**