

All our information sheets are available to download free of charge because we believe that money should not be a barrier to getting the information you need when you need it.

Please see the end of this information sheet for details of how to support us.

We want to make sure our resources are helpful. Please spend a few minutes giving us some feedback:  
[Feedback form](#)

## Taking the first steps towards planning for the future – template

This template is a document to help you:

- pull together all the important information about your family member with a (severe) learning disability – what is important to them, and what is important for them.
- signpost the person reading it to where they can find important documentation

The aim is to make this information **accessible** to people who are not used to finding and using it.

The document can be shared with other **family members**, or other people who might support your relative like **advocates** or **social workers**.

### Context



This template was put together by a family carer who works for The CBF. She started writing this document because she holds lots of information about her relative in her head rather than having it written down, and other important information that is written down is separated into lots of different folders stored in different places around her house.

She realised that if she was ill or was, for whatever reason, absent from her caring role, it could be difficult for other family members to know where the important information that they need to be able to support and care for their relative was located.

## Information and tips for filling out this template

On our webpage we have some information and videos that give more context about this template and how different people have used it/filled it out.



You can scan this QR code to access the webpage, or go to [Planning for the Future](#).

- If you have any questions while filling out this template, get in touch with our Family Support team by calling 0300 666 0126 or emailing [support@thecbf.org.uk](mailto:support@thecbf.org.uk).
- You don't have to fill this template out all at once – you can fill it out section by section if that is easier for you.
- In this template you will see references to 'attached' documents – this is because it is based on a family carer's own version where she physically attached copies of relevant information. This might be something you want to do as well.
- Some sections might need to be included if the person reading this is a deputy, an appointee, or is allowed to make particular decisions for your relative. There are also things that are applicable to the person who wrote the template, but may not be relevant for all families, and might need to be taken out. We have included [notes in blue](#) to help make these clearer.
- The original document that this template was based on is written about someone who lives in England. If you live in Wales, Scotland or Northern Ireland, you may need to check whether the references to laws and processes in this document apply to where you live.
- Once you have filled out this template, you can print it out or keep a digital copy (or both) – whichever is more helpful for you and your circumstances. Some formats that family carers have said they would find useful for sharing this document and other information about their relative include memory sticks or as an editable Word document.

# INFORMATION FOR PERSON/PERSONS RESPONSIBLE FOR: [INSERT NAME OF RELATIVE]

## Personal Details

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

Date of Birth: \_\_\_\_\_

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



## Money and Benefits



## National Insurance

National Insurance Number: \_\_\_\_\_

- You can apply to be an appointee with the Department for Work and Pensions (DWP).
- You will need to contact DWP to be [name]'s appointee to oversee their benefits.

## Personal Independence Payment (PIP)

[Name] receives Personal Independence Payment(PIP). This benefit is in two parts: **care** and **mobility**.

- The mobility element goes to Motability Services as they use the money to pay for [name]'s vehicle
- Details of the Motability scheme are attached.

## Universal Credit

[Name] receives Universal Credit.

- Universal Credit is managed online: [Universal Credit Sign-In](#)
- The password for this is: [insert]
- The current access code for this is: [insert]

*Note: include passwords and access codes if the person reading this is your relative's appointee or deputy.*

[Name] pays [name of local authority where your relative lives] a contribution to the cost of their care, which is provided by [name of care provider].

- This is because [name] lives in a Supported Living service; the contribution should leave them with a [Minimum Income Guarantee](#) which is reviewed annually by the Department of Health and Social Care.
- If [name] lives in a residential home, this could change – they may not have to pay a contribution and they may not receive the care element of their Personal Independence Payment. They should be left with a [Personal Expenses Allowance](#) which is reviewed yearly.

[Name]'s Universal Credit goes directly into their bank account. See attached for details of Universal Credit Award. Also see bank account information.

## Bank Account

[Name]'s bank account is with [name of bank].

- **Account number:** [insert]
- **Sort code:** [insert]

You will need to contact [name of bank] to arrange being a co-signatory if you are not currently a co-signatory.

I give [name of care provider] money each month. This money is given to [name of care provider] for [name]'s food, fuel, and daily living costs. I give [amount of money] per month.

*Note: this may not be the case for you and your relative -edit or amend as appropriate*

As [name] currently lives in [location of supported living or residential service], they pay council tax and housing benefit to [name of council].

## Housing Benefit

[Name]'s housing benefit is currently arranged by [name of care provider] on my behalf. [Name of council] will email me information which I check and pass to [name of care provider].

## Council Tax

[Council tax is currently organised by [name of care provider] on my behalf. [Name of council] will email me information which I check and pass to [name of care provider].

[Name] is exempt from paying council tax. See details attached. information.

## Tenancy Agreement

[Name] has a tenancy agreement. See attached for tenancy agreement. I am a Deputy and have signed the tenancy agreement. Check if you need to become a signatory - if so, you may require deputyship/joint deputyship to do this. See full section on deputyship further down. As [name] currently lives in [location of supported living or residential service], they pay council tax and housing benefit to [name of council]

## Water/Gas/Electricity

[Name] may be entitled to exemptions/discounts. Check for up-to-date information.

Some places to check:

- [WaterSure](#) (use the Citizens Advice website for more info)
- Scope's [Disability Energy Support Service](#)

## Mobility

- You will need to arrange the funds for [Name] to pay for a deposit for their vehicle.
- The lease agreement for a Motability vehicle usually lasts for 3 years, however it can sometimes be extended beyond 3 years.

- You will also need to ensure the insurance which Motability arrange is an open policy so that all carers can use the vehicle.
- You will also be responsible for organising taking the vehicle for a service and MOT (if the car is over 3 years old).

**Lease due to be renewed:** [insert]

**MOT due:** [insert]

**See attached paperwork**

## Blue Badge

[Name] has a blue badge.

**Blue badge number:** [insert]

**Issued by:** [insert details of local authority]

This needs to be renewed every [insert] years. Please check to ensure this is renewed/how frequently it needs to be renewed.

**Due to renew:** [insert]

## TV Licence

[Name]'s TV licence needs to be renewed online each year: [Renew your TV License](#)

**TV licence number:** [insert]

**Due to renew:** [insert]



## Care



### Care Plan

[Name] has a care plan – see attached documents.

- This has been written by [name]'s social worker as [name] is funded by the local authority/the integrated care board as [name] is health-funded.
- Make sure that whenever the care plan is reviewed, reassessed or revised, all of [name]'s 'eligible needs' are in the plan – if they are not in the plan they do not have to be met by social care.

The council will complete a financial assessment and can deduct some of [name]'s contribution towards the cost of their care.

You can ask the council to take into consideration the amount of money [name] needs for any expenses that are used to meet the needs in their care plan (disability related expenditure).

Make sure that you get the council to put into the care plan things like:

- clothing due to [name]'s ripping
- extra laundry expenses due to [name]'s soiling detergents for additional cleaning of the house

*Note: you will want to adapt this based on your relative's own needs.*

### Disability Related Expenditure

You can request a Disability Related Expenditure (DRE) assessment.

A DRE assessment will require you to have all receipts for the items needed to meet [name]'s needs (e.g., the additional clothes/laundry). [Name of care provider] will also need to have receipts for purchases that they make using [name]'s money.

See the CBF website for further information on:

- Needs Assessments: [Getting Behaviour Support](#)
- [Disability Related Expenditure](#) (includes template letter)

## Deprivation of Liberty Safeguards

[Name] has a Deprivation of Liberty Safeguard(DoLS) in place – see attached document.

This is because there are restrictions in place where [name] lives– the doors are locked and [name] cannot leave the property without supervision.

[Name of local authority] requested this DoLS through the courts. You will need to agree to this and complete a Court of Protection witness statement (COP 24 – see attached)which is then attached to the local authority paperwork for submission.

See the CBF website for further information on DoLS:

- [Deprivation of Liberty Safeguards](#)
- [Family Carer Advocacy Resource](#)
- [Legal Resources Directory](#)

## Support Plan

This is written by [name]’s care provider with my/your involvement. See attached support plan.

Make sure you read through the support plan and check that the strategies used to support [name] are ones that are helpful.

You might want to include some examples of strategies that help your relative In [name]’s support plan there is a Behaviour Support Plan.

Please read the strategies included in this.

In [name]’s support plan there is a Behaviour Support Plan. Please read the strategies included in this.



## Medical Information

[Name] has a **hospital passport** – see attached.

Every year [name] should have an Annual Health Check at the doctor's surgery. During [name]'s last Annual Health Check, these are the professionals [name] saw:

- **Doctor:** [insert name of doctor]
- **Dentist:** [insert name of dentist]
- **Mental health consultant:** [insert name of consultant]
- **Optician:** [insert name of optician]

You will need to make sure that [name] has regular dental and eye check-ups.

- **Date of last dentist appointment:** [insert]
- **Date of last eye test:** [insert]

Surgeries, hospitals, and dentists must make reasonable adjustments for people with learning disabilities/autistic people.

For example, you can ask for the first or last appointment of the day, extra time for appointments, and/or home visits.

## Reasonable Adjustments

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See more about reasonable adjustments on the CBF website:

- [Reasonable adjustments](#)
- [Physical, emotional and mental health](#)

## Prescriptions

You need to complete an [HCl/HC2](#) certificate each year so that [name] has free prescriptions.

**Last completed/due to renew:** [insert date]

See more about medical needs on the CBF website:

- [Health](#)
- [Physical, emotional and mental health](#)



## Deputyship and Mental Capacity



## Deputyship

I am Deputy/we are joint Deputy through the Court of Protection – this means that I/we can ask for plans, documents and information as if I was/we were [name]. See attached Deputyship documents.

There are two types of deputyship:

- **Personal Welfare**
- **Property and Affairs**

If you are a Deputy then each year you are required to complete a document online to show any decisions you have had to make. You can fill this in as the year goes on or at the end of the year.

You can access this form online by using this **email address:** [insert] and **password:** [insert]

An example of an annual form is attached.

## Mental Capacity

If a decision needs to be made (e.g., where [name] should live, decisions about medication, what activities they should do), there is a process to follow under the Mental Capacity Act 2005:

- Everyone should assume that [name] has capacity to make these decisions
- [Name] should be given all practical steps to help them to make that decision (e.g., using Picture Exchange Communication Systems, Makaton, pictures, etc)
- There are four criteria that need to be met:
  - a. Does [name] understand the question?
  - b. Can [name] retain the information that they need to make a decision?
  - c. Can [name] weigh up the information?
  - d. Can [name] communicate their decision?
- If [name] is found not to have capacity to make this decision, a Best Interests meeting needs to be held.

## Best Interest Meetings and Decisions

The meeting means that there will be:

- A chairperson/minute-taker
- Everyone involved in [name]'s life

They should consider the views of family members, and what [name]'s views and wishes are (from past experience).

If a decision cannot be reached by all parties, it can go to the Court of Protection and the judge will decide.

If you don't agree with a decision, you can ask [name of local authority] to take it to the Court of Protection. But the judge may not necessarily side with you – you need to be able to back up your reasons for wanting the decision to be different from the local authority.

See more on the CBF website:

- [Making Decisions](#)
- [Mental Capacity and Best Interests](#)
- [Mental Capacity Act](#)

## Trusteeship

In my will there is a trust for [name].

There are four trustees.

See details in the Will attached.



### Misc – Things to know



- Whenever you request anything/discuss important topics with professionals/local authorities/care provider, **put it in writing and request a response in writing**
- Make a list of people to consult when making Best Interest Decisions

## Acknowledgement:

Many thanks to Kelly Horton who developed the resource and the family carers involved in focus groups to help shape the resource.

Last reviewed: November 2025



We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email [info@theCBF.org.uk](mailto:info@theCBF.org.uk), or visit our website: [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)

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