**SOC 360 (Rev March 15)**

**SERVICE DELIVERY ORDER**

**(See attached SOC 1769 and SOC 311 forms for more information about the Service User)**

**Complete this section:**

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| **TO:** **Name of Provider****Address of Provider – this should include both provider and setting where appropriate****Tel No:** **ORDER NO:**  |

**Complete this section:**

**SERVICE USER DETAILS**

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| **NAME:** **DATE OF BIRTH:** **GENDER:** **SWIFT ID:** **NHS N0 :** |

**SERVICES NEEDED: (See SOC360(b) form as well)**

|  |  |
| --- | --- |
| **‘CHOICES’ meals** | **Demonstration needed?**  |
| **DAY CARE** |  |
| **RESPITE CARE** | **From** **To**  |
| **DOMICILIARY CARE** | **Tasks** **Frequency**  |
| **START DATE** |  |
| **START TIME** |  |
| **RISK POSITION****Any risk factors identified in social care assessments are detailed below. You are responsible for investigating these and ensuring your workers know about them** |

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| **OTHER INFORMATION****The soc360 needs to include:*** **Outcomes for the service user – identify explicitly what the aim of the care package is and what outcomes are expected for the service user**
* **Cost – where possible the cost should be split into standard cost, any additional support and any additional charges**
* **Where different providers are providing different services, this needs to be made explicit**
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| **CHARGES AND DURATION****Cambridgeshire County Council shall pay the Service Provider for this service in line with the Provider’s contract, less any contributions collected, or due to be collected, by the Provider from the Service User on behalf of Cambridgeshire County Council** |

**The service will start on :** **and stop on** **(if not on-going)**

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| **TERMS AND CONDITIONS****The terms and conditions of any agreement between the Provider and Cambridgeshire County Council governing the provision of services within the service area(s) concerned will apply equally to this order and the provision of services commissioned by this order** |

**SIGNED : …………………………………………………………………………….**

**PRINT NAME : …………………………………………………………………………….**

**DATE : ……………... DESIGNATION : ……..……………………………..**

**TEAM STAMP/ADDRESS :**

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| **FOR PROVIDER USE****If you accept this order :*** **sign it below**
* **take a copy of it and keep it for your records**
* **return the original, signed, copy to the team’s address**

**SIGNED : ………………………………………………………………****PRINT NAME: ………………………………………………………………****FOR AND ON BEHALF OF : ………………………………………………………………****DATE: ………………………………………………………………****DESIGNATION: ………………………………………………………………****ADDRESS: ………………………………………………………………** **……………………………………………………………….** **……………………………………………………………….****TEL NO: ……………………………………………………………….** |