



To be completed in BLOCK CAPITALS and returned to The Director of Adult Services within 24 hours of any change in circumstances.

Please note that this form triggers payment of Dorset Council’s contribution for care and payment will not be made without its completion

Completed forms may be Emailed to: adultsinvoicing@dorsetcouncil.gov.uk

Director of Adult Services
County Hall
Colliton Park
Dorchester
DT1 1XJ

Adult and Community Services Funded Self-Funded Continuing Health Care Funded

NAME OF ESTABLISHMENT:

ESTABLISHMENT ADDRESS (1st line):

NAME OF RESIDENT:

DORSET COUNCIL REF:

Date of Birth:

CARE MANAGER:

Circumstances (✓ applicable box):

Date of Change:

Comments:

Admission / /

Discharged Home / /

Discharge to Hospital / /

Return from Hospital / /

Discharge other (give details) / /

Death / /

Death of Spouse / /

Absence (other than hospital) for more than 28 days / /

Change in funding status / /
(i.e. award of state benefits, CHC)

Dorset Council Funding start date / /

I certify that to my knowledge there have been no other changes to the circumstances of the residents placed by Dorset Council since the previous notification dated

Full Name:

Designation:

Signature:

Date: