



Dorset Council

Adult and Community Services

Domiciliary Care – Change of Circumstances

Please e-mail copy to Finance Section – budgetservices@dorsetcc.gov.uk

Client Ref. No.:

NHS No.:

NAME OF PROVIDER:

NAME OF SERVICE USER:

CARE MANAGER:

LOCAL OFFICE:

Circumstances

(please ✓ applicable box):

Health/Safety/Welfare issues
(give specific details)

Admission to Hospital

Death

Death of Spouse/Carer

Holiday

Absence (give details)

Change to Service User details

Other (give details below)

Date of Change

Comments:

I certify that to my knowledge there have been no other changes to the circumstances of the Service Users since the previous notification date:

Full Name:

Designation:

Signature:

Date: