**Letter of Certification of Self-Directed Support Personal Assistant’s**

[Your Name]

[Your Address]

[Date]

Tel:

Mobile:

Email:

(If you wish replace this with an image of yourself)

To, whom it may concern.

I am [your name and support need if you wish to disclose]. I am in receipt of Self-Directed Support payments from [Insert LA/council], to enable me to employ Personal Assistant’s to carry out my holistic care.

My [insert number if applicable] employed Personal Assistant/Personal Assistants (delete as appropriate) are:-

PA name.

PA D.O.B

PA Address

 (If you wish, replace this with an image of your PA for easy identification where required, if you have multiple PAs make further copies of this section)

[Sign here]