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# Adult Social Care Contributions Policy - Appeals Process

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West Berkshire Council has a robust appeals process to ensure people can express their views, request a review or lodge an appeal against their assessed contribution towards their care. The process has two stages.

The first stage will be conducted by the Financial Assessment and Charging Team Manager. This stage will review the original assessment to ensure the information used is accurate, complete and follows West Berkshire Council’s Charging Policy for Adult Social Care.

The outcome of the review will advise how to progress to stage two of the appeals process if a person is not satisfied with the review decision.

This form can be completed by the person receiving care or with assistance from a family member, friend, Care Manager/Social Worker or advocate. For further advice, the Financial Assessment and Charging Team Manager can be contacted on 01635 503515 or diane.herd@westberks.gov.uk

**Stage 1 – Review of the assessment**

When completed this form and any **supporting evidence** should be returned to: The Financial Assessment & Charging Team Manager, Council Offices, Market Street, Newbury, RG14 5LD

**Client Name:**

**Address:**

**Telephone Number:**

**If you are being supported in this process by another person please also state:**

**Representative’s Name:**

**Address:**

**Telephone Number:**

**Please provide the grounds of your request for a review on the following page.**

To be able to complete the review of your charge please clarify the following points:

1. Is the information in your current assessment correct?

Please delete as appropriate: Yes/No

If no, please specify which item is incorrect and state the correct details in the box below.

2. Are you providing new information that has not been included in your previous assessment?

Please delete as appropriate: Yes/No

If yes, please provide the information in the box below and provide evidence of the new details such as receipt, bank statements.

The grounds of the request for a review of the financial assessment towards the cost of care services are:

**Please continue on additional sheets if necessary, including your name and address on the additional sheets.**

**I would like you to look at the assessment again.**

**Signature:**  **Date:**

**If you are making this request on behalf of another person and you do not have official capacity to act on their behalf (a Court Order or Power of Attorney) they should also sign this form below.**

**Signature: Date:**