

Social care charges appeal form

Use this form to ask for a review of your social care charges.

If you email the form you do not need to sign it.

Return this form, your completed budget information form, and any supporting evidence to:

Client Support Services,
Unit 13 – Civic Centre,
West Street,
Oldham,
OL1 1UL
Tel 0161 770 6867
Fax 0161 770 6887
Fax: 0161 770 6889
Email: socs.fairercharging@oldham.gov.uk

The budget information form is available here:

www.oldham.gov.uk/appeal_social_services_charges.htm

Personal details

Your name	
Date of birth	
Address	
Postcode	
Phone	
Name of your social care worker	

About your contribution

Your current assessed contribution: £ _____ per week

Date of your last financial assessment:

Information to support your appeal

Please provide details of all income and expenditure and any other supporting evidence.

Please tick here if you attach additional information to support your appeal.

Sign here:

Date:

For office use

Leave the following pages blank for your Case Worker and Service Manager to complete.

Supporting Information by Case Worker/Service Manager

Name of Case Worker:

Signature:

Name of Team Leader:

Signature:

Service Manager:

Phone:

Signature:

Date:

Review by Team Manager Client Financial Affairs Team
Current Financial Circumstances & Recommendation of Team Manager Client
Financial Affairs

Discretionary Policy – Decision of Assistant Executive Director,
Adult Social Care

Signature:

Date:

Date service user notified of decision:

Date of review: