



CHARGES FOR SERVICES PROVIDED IN THE COMMUNITY

SERVICE USER DETAILS:

Name	Telephone Number
Address	Reference Number (if known)
.....	
.....	Signature
.....	Date

I wish to appeal against the charge for my Care Services for the following reasons:

[continued over the page]

If someone else is dealing with your appeal on your behalf, please give details below:

Name	Relationship
Address	Telephone Number
.....	
.....	
.....	



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Continuation of reasons for appeal:

Please return this form to:

The Director of Social Services
Charging Policy Review Request
Assessment and Income Section
FREEPOST
Stockport
SK1 3YQ

(please mark your envelope 'CONFIDENTIAL')
