COMMUNITY SUPPORT SCHEME REVIEW FORM



If you disagree with our decision you have the right to ask for a review but you must demonstrate that there has been a factual error made or you have new evidence, which was not provided with the original application. A review must be made within 1 calendar month of the date of you receiving the decision.

Please fill in all the questions below giving full details and provide any supporting evidence you have. Your full name Your date of birth Your National Insurance (NI) number / / Your address Postcode: Have you arranged for someone to YES NO help you with this review? Please confirm their full name and address (please ensure they sign the declaration) Name: Address: You will find below the information on the letter/email or text we sent telling you about our decision Your Reference Number Date of decision Your Review: Please tick below why you are asking for this review: A Factual Error made You have new evidence **Both**

Please use the space below to explain why you do not agree with decision.

You must give full details why you think the decision is wrong (it is not enough to say 'I do not agree with the decision' or 'I don't have enough to pay for what I need').

If you disagree with more than one decision, state why you disagree with each one.

If you need more space, please use another sheet of paper. Remember to put your name and claim reference number on any extra sheets.

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The Information I have given is true, I have not deliberately misse the information I have given and I understand if I give false information.	mation I can be prosecuted.
Your signature	Date
	/ /
If someone has been officially appointed to act on your behalf or you, they should sign here	someone has the authority to act for
Signature of representative	Date
	/ /

Please return the above document to:

Benefit Section, 3rd Floor, Middlesbrough House, 50 Corporation Road, Middlesbrough, TS1 2YQ