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					
Posto	code:				
Have you arranged for someone to help you with this review?]				
Please confirm their full name and address (please ensure they sig	gn the declaration)				
Name:					
Address:					
You will find below the information on the letter/email or text we	e sent telling you about our decision				
Your Reference Number Date of de	ecision				
	/ /				
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.

The Information I have given is true, I have not deliberately missed anything out. The Council can check the information I have given and I understand if I give false information I can be prosecuted.

Your signature

Date /

/

If someone has been officially appointed to act on your behalf or someone has the authority to act for you, they should sign here

Signature of representative	Date			
		/	/	

Please return the above document to:

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