

Adult Social Care Service Charge Appeal

Making an appeal

To make an appeal regarding charges for services that you have been asked to pay, which you feel you cannot afford, **please complete this form supplying the information requested overleaf and return to the address on the back page of this form.**

The Appeal Panel

Our Appeal Panel meet monthly to consider appeals about charging for Adult Social Care services. They require information relating to your income and expenditure to inform their decision about your appeal.

The Appeal Panel may decide to:

- not change the charges you have to pay, or
- reduce the amount you have to pay, or
- say you do not have to pay anything.

Once a decision has been reached regarding your appeal this will be posted to you within fourteen days.

Privacy Notice

Your personal information will be used to establish whether the contribution you have been assessed as needing to pay is affordable. It will be kept in line with the Council's Retention Schedule and then securely destroyed. It will be shared with our Financial Assessment & Benefit Team, Adult Social Care Appeal Panel, and Welfare Benefits Team. For more information about your rights, how and why we use your information, and how long your information will be kept please visit www.eastlothian.gov.uk/privacy or contact Adult Social Care at the address shown on the back page for a paper copy. You can also contact our Data Protection Officer, East Lothian Council, John Muir House, Brewery Park, Haddington EH41 3HA
E: dpo@eastlothian.gov.uk T: 01620 827 827

Help & Advice

We recommend you take independent advice when making an appeal.

Here are some organisations that can help:

Carers of East Lothian	T: 0131 665 0135	E: centre@coel.org.uk www.coel.org.uk
Partners in Advocacy	T: 0131 478 7723 / 7724	E: edinburgh@partnersinadvocacy.org.uk www.partnersinadvocacy.org.uk
Edinburgh Advocacy & Representation Service (EARS)	T: 01506 205 840	E: info@ears-advocacy.org.uk www.ears-advocacy.org.uk
Consultation & Advocacy Promotion Service (CAPS)	T: 0131 273 5118	E: advocate@capsadvocacy.org www.capsadvocacy.org
Citizens Advice Bureau Haddington	T: 01620 824 471	www.haddingtoncab.co.uk
Citizens Advice Bureau Musselburgh	T: 0131 653 2748	www.musselburghcab.org.uk
East Lothian Council	T: 01620 827 827	and ask for the Financial Inclusion Team

Your Personal Details

Name	
Address	
	Postcode
Date of birth	National Insurance number
Phone number	

Have you been diagnosed as terminally ill? Yes No

*If YES, there is no need to provide further information.
Please go to page 6 of this form and sign the declaration.*

About The Service Charge You Wish To Appeal Against Having To Pay

Name of service charge

Use this space to detail your reason for appeal (use a separate sheet and attach it to this form if you need to):

Statement of Weekly Expenditure (£s)

The decision to make a charge is based on your financial circumstances. To help us make a decision please provide the following details:

	Amount	How often?		Amount?	How often?
Rent/Mortgage			Petrol		
Council Tax			Car maintenance		
Energy bills			Laundry		
Food/groceries			Clothing		
Mobile			Insurance		
Landline			Debt		
Broadband			Other outgoings (<i>please list</i>):		
TV Licence					
Travel expenses					
Car insurance					
			Total:		

Disability Related Expenditure

If you have any disability related expenditure not included in the expenditure above, please state below:

Description	Amount	How often?
Total:		

Use this space to tell us about anything else you think we should know about your expenditure.

About your income

Are you or your partner getting or waiting to hear about any benefit claims? YES NO

If you are getting or have claimed any benefit that is not listed, tell us about it at the bottom of the list.

	You			Your partner		
	Waiting to hear ✓	How much? £	How often?	Waiting to hear ✓	How much? £	How often?
Attendance Allowance						
Adult Disability Payment (ADP) – Care						
Adult Disability Payment (ADP) – Mobility						
Carer’s Allowance						
Disability Living Allowance – Care						
Disability Living Allowance – Mobility						
Employment & Support Allowance Contribution based/ Income related						
Income Support						
Industrial Death Benefit						
Industrial Injuries Disablement Benefit						
Jobseeker’s Allowance Contribution based/ Income related						
Occupational Pension						
Pension Credit						
Personal Independence Payments (PIP) – Daily Living						
Personal Independence Payments (PIP) – Mobility						
Retirement Pension						
Severe Disablement Allowance						
War Disablement Benefit						
War Pension						
War Widow’s Pension						
Widow’s or Widower’s Benefit						
Working Tax Credit						
Wage						

Any other benefits not listed

This includes any money like pensions from a previous employer, cash-in-lieu payments, and any cash payments. Also tell us about any money you get from people living in your house as boarders, lodgers or sub-tenants. You do not have to tell us about payments from the Eileen Trust or the McFarlane Trust.

Universal Credit

You

Your partner

Are you or your partner getting or waiting to hear about a claim?

YES NO

YES NO

Are you or your partner getting any element of Universal Credit?

YES NO

YES NO

Universal Credit award assesment period

to

Universal Credit elements breakdown	Value	Additional income (wages, private pension, ESA contributions etc)	Value
Standard allowance			
Child element			
Housing costs element			
Limited capability for work element			
Limited capability for work related element			
Carer element			
Child care costs element			
Total elements awarded			
Deductions			
Unearned income			
Earned income			
Other – (advances, arrears, sanctions)			
Total UC payment for month			

Declaration

Even if someone else has filled in this form for you, you must sign the declaration if you can.

Please read this declaration carefully before you sign and date it.

- I declare that the information I have given on this form is correct and complete.
- I understand that the Council will make the necessary enquiries to check the information is true.
- I understand that the Council will cross-check the information I have given with other sections within the Council and other benefit authorities within the terms of the Data Protection Act.
- I understand that any information given on this form can be used for data-matching purposes.
- I must let the Council know in writing of any changes of circumstances that may affect my appeal.

I have read and understand the above declaration *(please tick)*

Your signature

Date

Your representative

If this form has been completed on your behalf, your representative must complete the following:

Representative's signature

Date

Are you: Power of Attorney Appointee Financial Guardian *Tick appropriate box(es)*

If so, please send in copy of documentation and complete your details below:

Name

Address

Postcode



Versions of this leaflet can be provided in Braille, large print, audiotape, or your own language. For assistance call East Lothian Health and Social Care Partnership on 01875 824 309.

Please return the completed form in the envelope provided, or scan and email it to awchargingappeals@eastlothian.gov.uk

Adult Social Care Appeal Panel | East Lothian Health & Social Care Partnership
Room 211, John Muir House, Brewery Park, Haddington EH41 3HA

Enquiries Tel: 01620 827 755