



Adult Social Care Appeal Form

Easy read version



You can use this form if you are not happy with what we decided about:

- your needs for adult social care



- your support plan.

2 Weeks						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



You must tell us you are not happy within 2 weeks of getting your assessment.

1Month						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



You then need to get this form back to us within one month for us to be able to look at it.



You can give or post the form to your social worker or the Access Team.

If you phone us, we can fill in the form for you. We can also tell you about local advocacy services if you want someone who does not work for the Council to support you.

To find out more, please contact the Access Team:



Telephone:

020 8356 6262



Email:

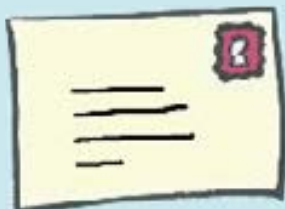
access@hackney.gov.uk



Fax:

020 8356 4638

Write to:



**Access Team
Health and Community Services
Hackney Council
1 Hillman Street
London
E8 1DY**

What happens when we get your form

2 Weeks						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19		
22	23	24	25	26		
29	30	31				



We will reply to you within 2 weeks.

1 Month						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	
29	30	31				



We will tell you what we have decided within 1 month.



We will let you know if we will take longer to decide.

If you are unhappy with our assessment of your needs



We will look at everything again and decide if:

- our assessment was right



- we need to change the assessment because of new things you told us



- we need to meet you again to do another assessment.

If you are unhappy with what we decided about your support plan



We will look at everything again and decide if:

- you are right and we will agree the plan
- we will ask a manager who has not been involved with you before to look at what we decided
- you can meet a panel of people to talk about any risks to yourself or other people in the plan.



Adult Social Care Appeal Form



Your name:



Please tick to tell us which decision you are unhappy about

Assessment

Support plan



Please tell us which things you are unhappy with and why:



Is there any information we do not know about, for example papers, or people we should talk to?



Your signature:



The date you signed this form:



Your address:

