**NOTES:**

Please read these notes before completing the template to check it is right for you.

This letter is for **people who have had their first financial assessment by West Sussex County Council for adult social care funding.** It will help you explain any concerns you have about the assessment and ask for a new assessment that considers all your disability related expenses.

Our Disability Related Expenses Training Vlog also offers tips and advice on how to explain your expenses. Here is a link: <https://indd.adobe.com/view/7be31af6-bd44-4e5b-a26b-d0df1ffa3183>.

Mencap also have some useful information on their website: <https://www.mencap.org.uk/advice-and-support/social-care/paying-support>

You can also get support from a Benefits or debt Advisor at Citizens Advice - <https://www.advicewestsussex.org.uk/> by calling 0808 278 7969

**Please delete the notes so you have just the letter template.**

**The letter can be customised to your needs by adding or deleting information.**

From the Healthwatch West Sussex Team.

**[Insert your name**   
**and address here]**

Customer Relations Team

West Sussex County Council

County Hall

West Street

Chichester

West Sussex PO19 1RQ

**[Date]**

Dear Sir/Madam,

**RE: [The name of the adult in receipt of social care, Postal Address] [D.O.B]**

Please treat this letter as an urgent appeal for a review of the Financial Assessment.

[**I/we/name]** cannot afford to pay this amount because the process has not considered all the [care and support needs/care costs and/or disability-related expenses].

I believe there have been errors in the calculation which will cause [me/us/name] financial hardship.

CONCERNS

***(Delete what is not applicable)***

**[I/we**] are concerned that by making the financial contribution unaffordable, West Sussex County Council is not following the principles of the Care Act in this case.

I would like the following points addressed:

1. Written details of how the charge has been calculated.

2. The assessment has not taken in account the following costs which need to be considered:

* [**Cost]**, the need for this is included in [my/name] care and support plan as [**add details of how this is described]**
* [**Cost]**, which is needed so that we can manage [**name/my]** care. This cost is a direct result of their disability.
* Add further costs as needed.

3 [Name]’s Personal Independent Payment (PIP) is based on both day and night care needs. The calculation has wrongly assumed that all the daily care component is available income. As the Care and Support Plan only includes cover for the daytime, we must have funds available for night-time needs.

[**I/we]** **would like the above costs included in the financial assessment calculation.**

If the financial assessor feels these costs do not meet the Council’s definition of a disability-related expenses, please action an urgent reassessment by a qualified social worker so the costs can be covered elsewhere.

Please note, I do not have all of the receipts for [**my/name**] disability-related expenses. [**I/we/name**] has not routinely kept them and during the pandemic receipts were not always issued. A lack of receipt does not mean no costs

WHAT I WOULD LIKE

I would like the Council to carry out a fair and affordable assessment, understanding that I am not avoiding paying but cannot afford to pay this calculation.

I am aware [Name/I] may receive invoices during the reassessment but hope they are adjusted quickly after the recalculation to avoid any further stress.

Yours faithfully,

**[Name of complainant]**

**[Insert contact number]**

**[Include a daytime contact email/number if possible]**