Care and Support Charging and Financial Assessment Framework

Appendix H: Assessed Contribution Waiver Request Form

Assessed Contribution Waiver Request form

Service User Personal Details

Name:	D.O.B:
Address: Postcode:	
Tel No:	

Relevant information regarding care charges and current circumstances

Current Assessed Weekly Contribution	£ per week

For *(select as appropriate)*

- ❑ Non-residential care and support
- ❑ Care home

Date of last financial assessment:	

Reason for requesting contribution to be waived.

Case worker: **Signed:** **Date**

Manager: **Signed:** **Date**

Head of Service Decision

Name (Head of Service):

Decision record:

Signed: **Date:**

Comments: