

Care and Support Charging and Financial Assessment Framework



Reading
Borough Council
Working better with you

Appendix N: Deferred Payment/Interim Funding Appeal Request form

Deferred Payment/Interim Funding Appeal Request Form

Resident's details

Name:	Date of Birth:
Care Home	
Address	

Representative's details *(if applicable)*

Name:	Relationship:
Contact No:	

Appeal for *(tick as appropriate)*

- Deferred Payments
- Interim Funding

Please give details of the part of the decision that you wish to appeal:

--

- Please tick if you have attached further information to support your appeal

Your signature:

Date:

Office use only: Record of decision by Finance Manager & Service Manager

Names of Review Panel

Finance Manager:

Signature:

Date:

Service Manager:

Signature:

Date:

Decision taken:

Comments: