


If you are not satisfied with any aspect of your Support Plan, in the first instance please discuss this with your Warden. If the matter remains unresolved then contact us on 0800 915 6660 and ask for Ann Stanley, Jackie Sowden or Karen Craig.

If you are not satisfied with the outcome of 'your' plan then you can appeal against the decisions made. Please complete the attached form and return it to Karen Craig, Sheltered Services Team Leader, Civic Buildings, Marsh Street, Rothwell LS26 0AD.

	<b>SUPPORT PLAN APPEALS FORM</b>
<b>Name:</b> _____	
<b>Address:</b> _____	
<b>Post code:</b> _____	<b>Telephone:</b> _____
	<b>YES</b> <b>NO</b>
<b>Have you completed a Support Plan?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Was anyone else present when your Support Plan was completed other than yourself and the Warden?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Was the outcome of the Plan to your satisfaction?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>If No</b>	
<b>Was it the way in which the Warden completed the form with you?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Did the Warden listen to your opinions?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Was there a lack of referrals made on your behalf to other Agencies?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Was there a delay in response to referrals made on your behalf?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Do you have any additional comments?</b> _____	

Your request for appeal against the outcome of your Support Plan will now be looked at by an independent advocate. This could mean that the advocate speak to you on a one to one basis.

Would you like a member of your family or friend present at the interview?  
 Yes       No

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You will receive a written acknowledgement of this form being submitted within 5 working days and a written outcome to the appeal within 28 days.