

# COMMUNITY SUPPORT SCHEME REVIEW FORM



If you disagree with our decision you have the right to ask for a review but you must demonstrate that there has been a factual error made or you have new evidence, which was not provided with the original application. A review must be made within 1 calendar month of the date of you receiving the decision.

Please fill in all the questions below giving full details and provide any supporting evidence you have.

Your full name

Your date of birth

  

Your National Insurance (NI) number

    

Your address

Have you arranged for someone to help you with this review?

YES

NO

Please confirm their full name and address (please ensure they sign the declaration)

Name:

Address:

You will find below the information on the letter/email or text we sent telling you about our decision

Your Reference Number

Date of decision

  

## Your Review:

Please tick below why you are asking for this review:

A Factual Error made

You have new evidence

Both

