

# Community Care Grant

## from the Social Fund



S O C I A L  
S E C U R I T Y  
A G E N C Y

### Who can get a community care grant

You may be able to get a community care grant if you are getting one of the following benefits

- **Income Support**
- **income-based Jobseeker's Allowance**
- **income-related Employment and Support Allowance**
- **any type of State Pension Credit.**

You may also be able to get a community care grant if you are likely to get one of these benefits when you leave care, such as a hospital, a care home or a prison.

### How a community care grant can help

Community care grants do not have to be paid back. They are intended to promote care in the community, and are for people who have to cope with special difficulties.

A community care grant can help

- you, a member of your family, someone you look after or someone you will be looking after, to return to the community from care
- you, a member of your family, someone you look after or someone you will be looking after, to stay in the community instead of going into care
- ease exceptional pressures on you and your family
- you or your partner look after someone on leave from prison or a young offenders' institution
- you to set up home as part of a planned resettlement programme if you have had an unsettled way of life.

A community care grant can also help with travelling expenses in the United Kingdom. The journey might be:

- to visit someone who is ill
- to attend a relative's funeral
- to visit a child who is being looked after by another parent while waiting for a court decision
- to ease a domestic crisis, or
- to move to suitable accommodation

## Other payments from the Social Fund

There are other types of payment you can get from the Social Fund. You will need to fill in the right application form for the type of payment you need. These are:

- form SF500 for a Budgeting Loan
- form SF401 for a Crisis Loan

## How we decide what we can pay you

The Decision Maker will look at all the information on your application before deciding if we can make a payment. There is only a limited amount of money available for grants so we cannot make a payment in every case.

The information you give us on the form will help us decide

- if your expenses qualify for a payment, and if so
- whether we can make a payment from the money we have in the budget

You are more likely to get a payment if it will play an important part in helping you cope with special circumstances and will meet the aims of community care grants.

## What to do if you disagree with our decision

If you are not happy with the decision on your application you can ask us to look at it again.

- The first review is in your Social Security or Jobs & Benefits office. You must write to us within 28 days of the decision and tell us why you want a review. You will be offered the chance to talk to the person who will review the decision.

If you are not happy with the new decision, you can ask for an independent review by a Social Fund Inspector.

- Social Fund Inspectors are independent of the Social Security Agency and this Department. If you want them to look at your case, write to the Office of the Social Fund Commissioner within 28 days of the new decision and tell them why you want a review. Send your request to

FREEPOST OSFC. You do not need a stamp.

The Inspector will ask your Social Security or Jobs & Benefits office for your papers and will write to you about your case.

## More help and advice

If you want more information about community care grants

- Get in touch with your local Social Security or Jobs & Benefits office. You can find the phone number and address in the business numbers section of the phone book. Look under **Government of Northern Ireland - Department for Social Development**.

For more information about benefits and services

- visit our website at **www.nidirect.gov.uk**
- Get in touch with an Advice Centre.

## If you need help to fill in this form

If you need help to fill in this form, you can ask someone else to fill it in for you, or you can contact your local Social Security or Jobs & Benefits office.

Someone else, such as a relative, a friend or a welfare rights adviser, can help you to fill in the form. But you will need to sign the **Declaration at Part 20**.

If you want someone else to make the application on your behalf, we will deal with them in future. You will need to sign a letter saying they can make the application for you. They will need to complete **Part 19** and they should sign the **Declaration at Part 20**.

## Help and advice

It is Agency policy to provide you with all of the information, advice and help to complete any Social Security benefit claim form. Please feel free to contact your nearest Social Security or Jobs & Benefits office, Community Benefit Office or the Benefit Shop, Royal Avenue, Belfast. If you would like further information about disability benefits, you can also contact the Benefit Enquiry Line. The telephone number is 0800 220 674.

However, if you do not want to make use of our services, you may be able to get help from a friend, relative or an Advice Centre.

See also leaflet **S16 A guide to the Social Fund** available on the internet only. Alternatively you can get further information from our website [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

## Reviews

You have the right to ask for a review if you are unhappy with the Decision Maker's decision on your Community Care Grant, Budgeting Loan or Crisis Loan.

If, after the review, you still think the decision is wrong you can ask for a further review by the Social Fund Inspector. You must put this request in writing and send it to the Office of the Social Fund Commissioner at FREEPOST OSFC. You do not need a stamp.

Leaflet OSFC6 describes the review process and how the inspector will look at your application. Copies are available from any Social Security or Jobs & Benefits office. You can also download a copy from the web site of the Office of the Social Fund Commissioner at [www.osfcni.org.uk](http://www.osfcni.org.uk)

## How we collect and use information

We, the Department for Social Development (DSD), collect information to deal with Social Security, Child Support, employment and training, housing and community development and urban regeneration (redeveloping towns, cities and villages). The information we collect about you depends on the type of your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we may have. We may get information about you from other people and certain organisations.

We may give information to certain other organisations, as allowed by the law, to:

- check that the information is accurate
- prevent or detect crime
- protect public funds in other ways, and
- use in research statistics.

These other organisations include other government departments, authorities who deal with Housing Benefit and private-sector organisations (such as banks) that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Social Development is the data controller for the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for the leaflet Data Protection Act 1998 - It affects you. Or you can find a copy of the leaflet on our website at [www.dsdni.gov.uk](http://www.dsdni.gov.uk)

# Community Care Grant

from the Social Fund



S O C I A L  
S E C U R I T Y  
A G E N C Y

This form should be filled in, in black ink, by the person who claims a qualifying benefit. Their details must go in **Part 1** and they must sign the **Declaration** at **Part 20**.

If you find it difficult to fill in this form, someone else can fill it in for you. If you are filling in this form for someone else, tell us about them throughout the form.

## Part 1 **About you**

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names** - in full

**All other surnames or family names you have been known by or are using now.**

**Address**

Postcode

**Daytime phone number**

A phone number may help us deal with your application more quickly

Code

Number

**Date of birth**

/ /

Letters

Numbers

Letter

**National Insurance (NI) number**

**For office use only**

Date of SFCS input

Application number

Initials

You may be able to get a community care grant if you are getting Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or any type of State Pension Credit.

You may also be able to get a community care grant if you are in care, such as a hospital, a care home or a prison, but only if

- you expect to be discharged **within six weeks**, and
- you will probably get Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or State Pension Credit when you are discharged.

**Please tick the box that applies to you**

I am getting Income Support

I am getting income-based Jobseeker's Allowance

I am getting income-related Employment and Support Allowance

I am getting State Pension Credit

I expect to leave care within six weeks and will claim one of the above

## Other benefits

**If you, a member of your family or any other person you are looking after receive other benefits, such as Disability Living Allowance or Attendance Allowance, please tell us about this.**

**Which benefit?**

**Who gets it?**

**How much is it?**

£  every

If you need more space please go to **Other information** at **Part 16**.

By *care* we mean a prison, hospital, care home or similar place

**Name and address of the prison, hospital, care home or similar place.**

Postcode

**Prison number**

if you are leaving prison

--

**What date did you go in to care?**

/	/
---	---

**Date of leaving?**

/	/
---	---

If this is more than six weeks away, wait until it is within six weeks before sending in your application.

**If you are still in care, what address will you go to when you leave?**

Postcode

**Please tell us about your partner, if you have one.**

By *partner* we mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

**Surname or family name**

Mr/Mrs/Miss/Ms
----------------

**All other names** - in full

--

**Date of birth**

/	/
---	---

**National Insurance (NI) number**

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tell us about any children who live with you

**Surname or family name**

**All other names - in full**

**Date of birth**


 /  / 


 /  / 


 /  / 


 /  / 


 /  / 


 /  / 


 /  / 

If you have any other children who do not live with you, please tell us about them below.

**Surname or family name**

**All other names - in full**

**Date of birth**


 /  / 

**Where do they live?**

  
  
 Postcode

**Surname or family name**

**All other names - in full**

**Date of birth**


 /  / 

**Where do they live?**

  
  
 Postcode

Please tell us about anyone else who lives with you

## Person 1

Surname or family name

Mr/Mrs/Miss/Ms

All other names - in full

Date of birth

/ /

Their relationship to you

## Person 2

Surname or family name

Mr/Mrs/Miss/Ms

All other names - in full

Date of birth

/ /

Their relationship to you

## Person 3

Surname or family name

Mr/Mrs/Miss/Ms

All other names - in full

Date of birth

/ /

Their relationship to you

If you need to tell us about more people please go to **Other information** at **Part 16**.

You may be able to get a community care grant to help you or your family to look after someone who

- has been in institutional or residential care, or
- is unable to look after themselves.

**If you or your family are, or will be, looking after someone, please tell us about them below.**

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names** - in full

**Address** if they do not live with you

Postcode

**Their relationship to you**

**Daytime phone number**

Code

Number

**Can we contact this person if we need more information?**

No

Yes

**Please tell us more about where they live**

**What type of property is this?**

A home they own

Rented from the NIHE

Rented - unfurnished

Rented - partly furnished

Rented - fully furnished

Other - please tell us about this

**If the property is rented please tell us about the landlord**

**Landlord's name**

**Daytime phone number**

Code	Number
------	--------

**Can we contact the landlord if we need more information?**

**No**

**Yes**

**Please tell us more about where you live**

**What type of property is this?**

A home you own

Rented from the NIHE

Rented - unfurnished

Rented - partly furnished

Rented - fully furnished

Other - please tell us about this

**If the property is rented please tell us about the landlord**

**Landlord's name**

**Daytime phone number**

Code	Number
------	--------

**Can we contact the landlord if we need more information?**

**No**

**Yes**

You may be able to get a community care grant to help you or someone else move to a different address, if this will help

- you or them move back to the community after being in care
- you or them stay in the community instead of going into care
- you ease exceptional pressures on you and your family
- you set up home as part of a planned resettlement programme after you have had an unsettled way of life

**Please tell us below if**

- **you**
- **a member of your family, or**
- **someone you are, or will be, looking after will be moving to a new address.**

**Who is moving?**

**When are they moving?**

**Why are they moving?**

**Where are they moving to?**

Postcode

**What type of property is this?**

A home they own

Rented from the NIHE

Rented - unfurnished

Rented - partly furnished

Rented - fully furnished

Other - please tell us about this

**If the property is rented please tell us about the landlord**

**Landlord's name**

**Daytime phone number**

Code	Number
------	--------

**Can we contact the landlord if we need more information?**

**No**

**Yes**

**Are you following a programme to help you resettle because you have had an unsettled way of life?**

No

Yes

Please tell us about this below

**Why are you following the programme?**

Tell us about how you were living before beginning the programme. Include details if you have moved around a lot, had temporary addresses, or have been sleeping rough.

**What does the programme involve?**

Tell us about what you, and anyone else who is helping you, are doing to help you resettle. If you have a written programme you can attach a copy of it instead, if you prefer.

**If an organisation is running the programme, please tell us about them**

**Name of the organisation**

**Name of the person helping you**

**Address**


**Daytime phone number**



**Can we contact this person if we need more information?**

No

Yes

We need to know about any health problems. This information will be important in helping us decide your case.

By health problems we mean things like illness, a medical condition, disability, infirmity due to age, mental health problems, or drug or alcohol problems

**Please tell us below about anyone who has health problems. This could be**

- **you**
- **any members of your family, or**
- **someone you are, or will be, looking after**

For each answer please state clearly which person you are telling us about. If you need more space please go to **Part 16**.

**Who has health problems?**

**What health problems does each person have?**

**Please tell us how each person is affected**

Tell us how their health affects their everyday life. Tell us what things they find difficult or cannot do for themselves because of their health problems.

**Do any of the people you have told us about see a doctor regularly?**

No

Yes

Please tell us about this

Please tell us who sees a doctor regularly and what treatment they get. For example, medication, counselling or physiotherapy

Tell us about any good or bad effects of this treatment

**Have any of the people you have told us about recently been in hospital, a care home, a rehabilitation centre, or somewhere like this?**

No

Yes

Please tell us about this below

Please tell us who this was

Name and address of the place they were in

  
  
  
 Postcode

Daytime phone number

Code	Number
<input type="text"/>	<input type="text"/>

What date did they go in?

 /  / 

What date did they leave?

 /  /

**Is anyone other than you or your family helping anyone you have told us about?**

This might be a friend, another relative, a community nurse, a health visitor, a social worker or a home carer.

No

Yes

Please tell us about this

Who provides this help?

What help or treatment do they provide, who do they help, and how often do they provide this?

**Has anyone you have told us about had their needs assessed by Social Services or a health care professional?**

Please tell us about the assessment

No

Yes

Please tell us about this

Will the NIHE be helping with any equipment or appliances the person needs? Please tell us about any help they will give.

Can we contact any person or agency who is helping if we need more information?

**No**

**Yes**

Please tell us about them below

Their name

Mr/Mrs/Miss/Ms

Address

Postcode

Daytime phone number

Code

Number

---

If you or a member of your family are, or will be, looking after someone who has health problems, please tell us about this.

**What will you do for them?**

--

**How often will they need this help or attention?**

--

If a child needs more care, attention or supervision than is normal for their age, please tell us about this.

**What extra care and attention does the child need, and how often do they need this?**

**Who provides the attention?**

**Do any of the health problems you have told us about mean you have extra expenses?**

No

Yes

Please tell us about this

Please tell us whose health problems mean you have extra expenses, and what they need that costs more than if they were in good health?

How much does this cost, and how often do they need this?

If you need to tell us more about health problems please go to **Other information** at **Part 16**.

We need to know about any other difficulties you have not already told us about. These may be things like family problems, poor living conditions or coping after a disaster, but tell us about anything that makes your situation unusually hard to cope with.

**Please tell us below**

- **what the difficulties are, and**
- **how they affect you, your family, or someone you are, or will be, looking after.**

You may be able to have a community care grant to help you look after someone on home leave from prison or a young offenders' institution. Payment can include their living expenses.

**If you or your partner are looking after someone who is on home leave from prison or a young offenders' institution, please tell us about this.**

Their name

Mr/Mrs/Miss/Ms

Their date of birth

/ /

Their relationship to you

What date does the leave start?

/ /

What date does the leave finish?

/ /

Name of institution

Can we contact this place if we need more information?

No

Yes

If you need help with living expenses for the person who will be staying with you, how much will you need?

£

At **Part 13** tell us about any other expenses you need to meet so you can look after them.

It is important that we know as much as possible about the things you need.

If you need travelling expenses, tell us about this at **Part 14**.

**How much will it cost?  
Include the cost of  
things like delivery,  
fitting or connection.**

**What do you need?**

**Who will use it?**

1		£	
2		£	
3		£	
4		£	
5		£	
6		£	
7		£	
8		£	
9		£	

Please make sure you tell us more about each thing you need on **page 19**.

Please tell us how these things will help with your special difficulties

- if you need to replace something, tell us what is wrong with the one you have
- if you need something for the first time, tell us why you need it now, and how you are managing
- for things like curtains and carpets, tell us the sizes and what room they are for
- if you need something with special features, tell us what these features are and why you need them.

1	
2	
3	
4	
5	
6	
7	
8	
9	

If you do not have enough space please continue on the next page

	What do you need?	How much will it cost? Include the cost of things like delivery, fitting or connection.	Who will use it?
1		£	
2		£	
3		£	
4		£	
5		£	
6		£	
7		£	
8		£	
9		£	

Please make sure you tell us more about each thing you need on **page 21**.

Please tell us how these things will help with your special difficulties

- if you need to replace something, tell us what is wrong with the one you have
- if you need something for the first time, tell us why you need it now, and how you are managing
- for things like curtains and carpets, tell us the sizes and what room they are for
- if you need something with special features, tell us what these features are and why you need them.

1	
2	
3	
4	
5	
6	
7	
8	
9	

If you do not have enough space go to **Other information** at **Part 16**.

You may be able to have a community care grant for the cost of travelling within the United Kingdom if you or members of your family need to travel to

- visit someone who is ill
- attend a relative's funeral
- visit a child who is with the other parent while waiting for a court decision
- ease a domestic crisis
- move to suitable accommodation

We can also pay travelling expenses if they will

- help someone who is leaving care
- help someone stay in the community rather than go into care
- ease exceptional pressure on families

If you or members of your family are likely to make a number of journeys over a period of time, we may be able to include payment for future journeys. Tell us about the future journeys.

If someone is unable to travel alone, we may be able to include the expenses of someone to travel with them.

## About the reasons for your journey

Please tell us about the reason for your journey or journeys

### Visiting someone who is ill

If you or members of your family are visiting someone who is ill, please tell us about them

Their name

Mr/Mrs/Miss/Ms

Their relationship to the visitor

What is their illness, if you know this?

Please tell us why you feel it is important for you or your family to visit this person

How often will you or your family visit this person?

times in total

or

times, every

from

/ /

to

/ /

## Attending a relative's funeral

If you or a member of your family are attending a relative's funeral, please tell us about this

The name of the person who has died

Mr/Mrs/Miss/Ms

Their relationship to you

The date of the funeral

/ /

We are sorry to have to ask you these questions but please tell us why it is important for you or your family to attend the funeral.

## Visiting a child while waiting for a court decision

If you are going to visit a child who is with the other parent while waiting for a court decision, please tell us about this

The child's name

Mr/Miss

The name of the parent they are living with

Mr/Mrs/Miss/Ms

Which court the hearing will be held at

The date of the hearing

/ /

How many visits will you make?

**Total cost of travel**

£

## Travelling because of a domestic crisis

If you are travelling because of a domestic crisis, tell us what the crisis is and how making the journey will help.

## Travelling for another reason

If you or members of your family are travelling for another reason, please tell us why you need to make the journey.

## More about the journey

Please tell us about the journey or journeys

Who will be making the journey or journeys?

What is the address they are travelling to?


How are they making the journey?

Please include all types of transport used, for example car, bus or train. If there are special reasons for using a particular type of transport, tell us about it at **Part 16**.

How much will each journey cost?

Is this the cost of a single or a return journey?

## Travelling by car

### If all or part of the journey is by car

What is the engine capacity of the car?

How many miles will you travel by car? If you are claiming for a return journey please give the total mileage.

## People who need a travelling companion

**If someone is unable to travel alone, please say who and explain why.**

You do not need to fill this in if the person is a child

## Staying overnight

**If you need help with the cost of an overnight stay at a hotel or guest house, how much will this cost for each person?**

**Please explain why you need an overnight stay**

**Who will stay overnight?**

**Where will they be staying?**

If we decide to award a community care grant, any savings you have may affect the amount you can be paid.

If you and your partner are both aged under 60, the first £500 may be disregarded. If either you or your partner are over 60, then the amount that may be disregarded is £1,000.

Savings means any capital you and your partner have, including

- any money you have at home, in the bank or in the building society or in a Credit Union Account
- premium bonds
- investments, such as shares or unit trusts
- the value of any property you or your partner own that you do not live in, such as a house you let out, a holiday home or somewhere another member of your family lives in.

### Please tell us about any savings or other capital you or your partner have

**Do you or your partner have any savings or investments, or own any property except the one you live in?**

No

Yes

Please tell us about this

Please tell us the total amount of your savings, including money in the bank or building society, bonds, shares and other investments.

£

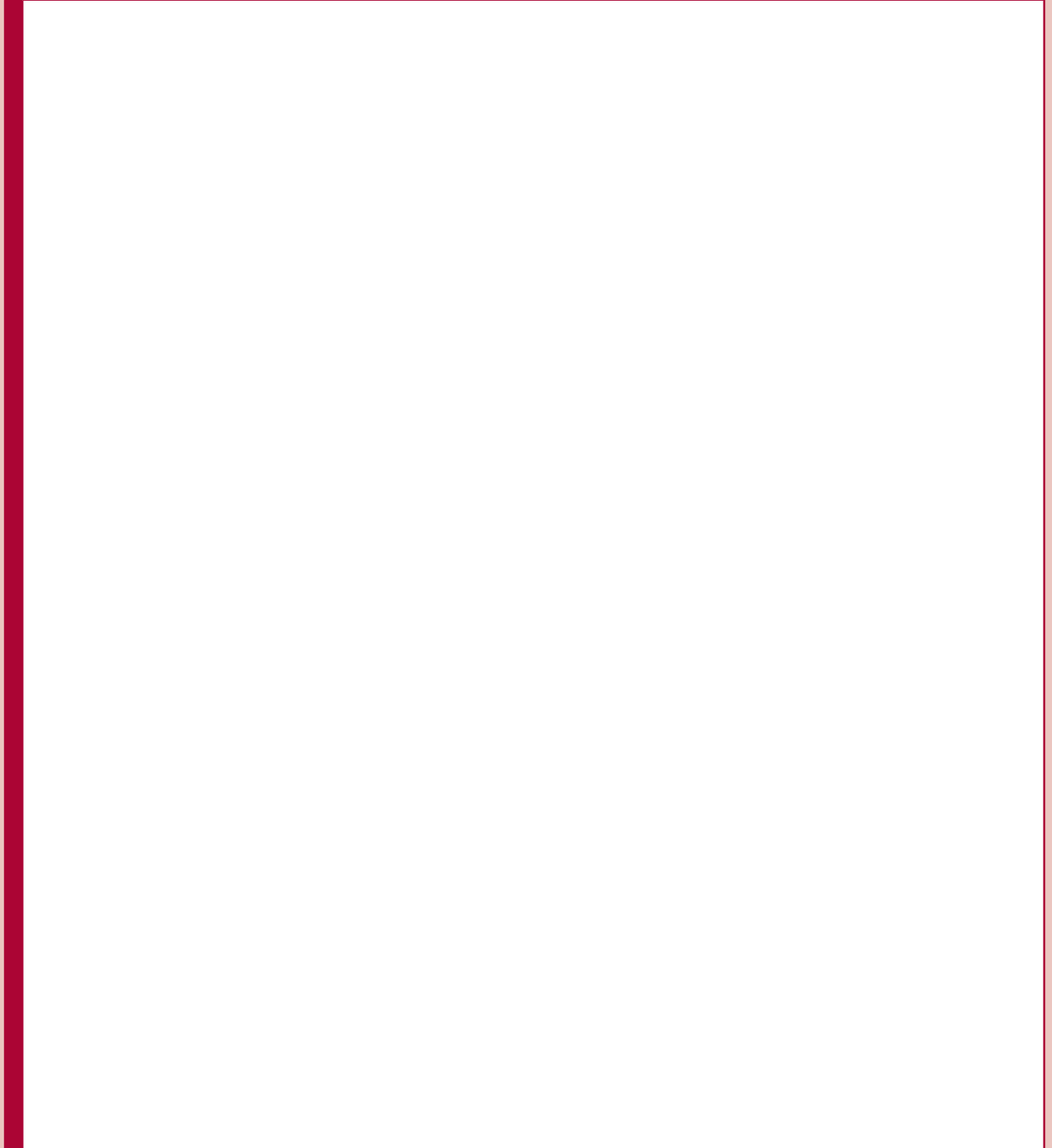
Please tell us the total value of any property that you own but do not live in.

£

If you do not know the current market value please tick this box

Check the information you have given us so far.

**If there is anything you have not told us about that you think may affect whether we can pay a community care grant, tell us about this here.**



Use a separate sheet of paper if you run out of space, but please remember to put your name and National Insurance number clearly on each sheet you use.

Also make sure that your name is on any other papers you send to us with the form.

**We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when your Social Fund payment will be made and how much it will be for.

**Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think your payment is wrong, get in touch with the office that pays you straight away.

**If we pay you too much money**

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

**We will contact you before we take back any money.****What to do now**

- Tell us about the account you want to use on the next page. By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

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**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

## About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else's account** if:
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

### Please tell us your account details below.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

### Full name of bank or building society

### Sort code

Please tell us all 6 numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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### Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Building society roll or reference number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Please give details of your local post office.

Postcode

## Signing the form for someone else

The person named at **Part 1** should sign the **Declaration** unless one or more of the following apply.

**I am signing this form on their behalf because**

**I have Power of Attorney for them.**

**I have been appointed by the Department to act on their behalf.**

**They agree to me making this application for them.**

Please send us a letter signed by the person named in **Part 1**

**Your name**

Mr/Mrs/Miss/Ms

**Date of birth**

/ /

**Address**

Postcode

**Daytime phone number**

Code

Number

This declaration is legally binding.

**Please read all the points carefully and make sure you understand them before signing and dating the form.**

**I declare** that the information I have given on this form is correct and complete as far as I know and believe.

**I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

**I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.

**This is my application for a Community Care Grant.**

**Signature**

**Date**

## What to do if you disagree with our decision

If you are not happy with the decision on your application you can ask us to look at it again.

- The first review is in your Social Security or Jobs & Benefits office. You must write to us within 28 days of the decision and tell us why you want a review. You will be offered the chance to talk to the person who will review the decision.

If you are not happy with the new decision, you can ask for an independent review by a Social Fund Inspector.

- Social Fund Inspectors are independent of the Social Security Agency and this Department. If you want them to look at your case, write to the Office of the Social Fund Commissioner within 28 days of the new decision and tell them why you want a review. Send your request to

FREEPOST OSFC. You do not need a stamp.

The Inspector will ask your Social Security or Jobs & Benefits office for your papers and will write to you about your case.

Check that you have completed all parts of the form that apply to you. Make sure you or your representative have signed the Declaration at **Part 20**.

If you have signed the form for someone else, please make sure you have given us your details at **Part 19**.

Send or take this form and any documents we have asked for to your Social Security or Jobs & Benefits office. You can find the phone number and address in the business section of the phone book. Look under Government of Northern Ireland Department for Social Development - Social Security offices.

At Northern Ireland Social Security Agency we aim to provide a high standard of customer service at all times. Details of our Customer charter can be found on our website at **[www.dsdni.gov.uk](http://www.dsdni.gov.uk)**

You can access our website from many libraries.

For more information please contact the Department for Social Development.