**[Your Full Name]**

**[Your DOB]**

**[Your Address]**

**[Name of your Social Worker]**

**[Date]**

**FORMAL REQUEST FOR A REVIEW OF CARE PLAN (S.27 CARE ACT 2014)**

Dear Sir/Madam, **[Or Name if Known]**

I am writing to you to request a review of my care plan. For ease of reference, I am requesting a review of the following plan:

NAME:

ADDRESS:

D.O.B:

REF:

DATE OF PLAN:

I am requesting that you review the plan because the following outcome(s) are not being achieved:

**[Delete as appropriate]**

* managing and maintaining nutrition
* maintaining personal hygiene
* managing toilet needs
* being appropriately clothed
* using the home safely
* maintaining a habitable home environment
* developing / maintaining personal and family relationships
* accessing / engaging in work, training, education or volunteering
* accessing the local community
* carrying out child-care responsibilities.

The outcome(s) are not being achieved because:

**[Delete as appropriate]**

* the assistance needed to achieve it is not being provided
* achieving it causes significant pain, distress or anxiety
* achieving it endangers health and safety
* achieving it takes significantly longer than would normally be expected.

The reason the outcome(s) are not being achieved are:

**[For each outcome, in turn set out the basic facts establishing why, under the current plan, the outcome(s) are not being achieved –**

**i.e. why it is: the arrangements in the current plan are not working or could work better**

**a change in circumstances means the arrangements in the current plan are not working or could work better**

**a change in the health condition means new arrangements are necessary**

**an outcome is not being achieved which is not covered in the current plan]**

**[It is also best to include evidence of the basic facts being relied on…**

**i.e. something that shows the arrangements are not working (or could work better) or shows the change in circumstances or the change in the health condition or the new outcome that is not being achieved]**

**What Should Happen Next**

I therefore ask that we arrange a reassessment of my care needs. You may wish to arrange a home visit to conduct the face-to-face reassessment. **[If a face-to-face reassessment is deemed impractical, I also consent to a remote reassessment.]**

I consider that the outcome(s) would be achieved if the care plan is revised as follows:

**[For each outcome]**

**[What would enable you to achieve the outcome(s)]**

If I can be of any further assistance with this, please do get in contact with me. My contact details are provided at the top of this letter should you need to contact me or to acknowledge receipt of this letter.

I have written this letter using a guide that has been provided by the Disability Law Service.

I look forward to hearing from you shortly.

Yours sincerely,

**[Full Name]**

**[Your Signature]**