**PRIVATE AND CONFIDENTIAL**

**[Insert your address**

**and telephone number**

**and email address/]**

For the attention of the Director of Adults Services

**[Insert name and address of local authority]**

**[Insert date]**

-REQUEST FOR NEEDS ASSESSMENT UNDER S.19 SOCIAL SERVICES AND WELL-BEING (WALES) ACT 2014 -

Dear Sir or Madam,

**[INSERT name and address]**

**Summary of issue**

***[Explain issue - i.e. list disabilities and examples of your care and support needs. If you have a copy of medical evidence supporting this request then you can refer to this and enclose it/attach it with this letter . State that you are*** “writing to request that an assessment of my needs under s.19 Social Services and Well-being Act 2014 is carried out as soon as possible”.

***If you have already requested an assessment and have experienced delays beyond 6 weeks, then detail this here, including relevant dates of the request and who you have had contact with. In this circumstance, you can state that this letter also be treated as a complaint.]***

**Legal Framework**

You will be aware that under s.19 of the Social Services and Well-being Act 2014 that the local authority has an obligation to assess an adult’s needs where it appears that they may have needs for care and support. This duty to assess is independent of whether the local authority thinks that the individual may be ineligible for state funded care or whether they will meet the national eligibility criteria.

You will also be aware that para. 53 of Part 3 Code of Practice (assessing the needs of individuals) requires that:

*“the assessment is timely and responsive to the urgency of the individual’s needs.”*

**Steps you are required to take**

Considering the above, please can you make contact as soon as possible to arrange a date for the needs assessment to be carried in accordance with s.19 Social Services and Well-being Act 2014.

Please ensure that we are provided with a copy of the needs assessment within a reasonable timeframe, and in any event by no later than 28 days of the date of this letter.

We kindly request that you acknowledge receipt of this letter by return.

Yours faithfully

**[insert name]**

**[Insert contact details]**