

Direct Payments Scheme Visit request form



Your name _____

Your address _____

Your phone number _____

E-mail address _____

Are you making this request on behalf of yourself or someone else?

myself someone else

If you are making it on behalf of someone else, what is your relationship to them?

What is their name? _____

What is their address? _____

Are you (or they) currently receiving services from the Department of Adult Services?

yes no

If yes, please say what:

Please turn over.

Please tick which group(s) you (or they) belong to:

- Young person under 18
- Older person over 65
- Carer
- Person with a physical disability
- Person with a learning disability
- Person with mental health needs
- Other (please say) _____

Your signature: _____

Date _____

Please return this form to:

Direct Payments Team,
Wigan Council, Department of Adult Services,
Town Hall, Market Street, Leigh, WN7 1DY.

Phone: 01942 404507
Fax: 01942 404508