[Address of the Clinical Commissioning Group with responsibility for your care]

[Your address]

[Date]

Dear Sir/Madam

**REQUEST FOR NHS DIRECT PAYMENTS**

I would like to receive direct payments to pay for the NHS care I need, as I believe I am eligible for NHS direct payments in accordance with the National Health Service (Direct Payments) Regulations 2013. I have the following care needs [ ]

My care needs to be delivered at [eg name of nursing home] or by [eg name of care agency].

I would be grateful if my request could be dealt with within 14 days of this letter. I look forward to receiving your decision.

Yours faithfully

[YOUR NAME]