STANDARD FEE INCREASE PROCESS 2021/22 - CARE PROVIDER FEEDBACK FORM

Provider Name:	
Provider Type:	(eg. Care Home or Homecare)
Key contact name:	
Key contact telephone no.	
Key contact designation/role:	

Inflationary Model – please identify your 3 top cost pressures

Inflationary Element	Costs incurred for 2020/21	Costs anticipated for 2021/22	Comment

Other inflationary costs (which you wish to be considered in order of priority – this cannot include COVID 19 additional cost pressures)

Inflationary Element	Costs incurred for 2020/21	Costs anticipated for 2021/22	Comment

Any other comments:

Email back to <u>PICTeam@derby.gov.uk</u> by Friday 6 November 2020. Thank you for your time.