



City of
Stoke-on-Trent

PERMANENCY SUPPORT PANEL REPORT

(This form to be used for assessment for financial support only)

Child's Name:	
Date of Birth and age:	
P Number:	P
Child's Ethnicity:	
Current legal status <i>(where an order is already granted what was the legal status of the child immediately prior to the order)</i>	
Type/Date of Order:	
Applicant/s name: Prospective Adopters/Special Guardians/Child Arrangement Order <i>(Please Specify)</i>	
Relationship to the child:	
Address:	
Which Local Authority Area to the Applicants live in:	
Responsible Local Authority to assess for support:	
Name of Author of this Report and contact number:	
Dates/Outcome of any Previous Permanency Panel Decision	
Date of Permanency Panel:	

Brief background of Applicant/s circumstances – *who else lives in the Applicant/s household (all adults contributing to the household need to contribute to any financial assessment) 500 words*

Brief background of child's current circumstances
(including why they are living with the Applicants) 500 words

Why do the Applicants require financial support to care for the child, what additional needs does the child have?

Financial circumstances of child's parents

What financial support are you requesting i.e. lump sum; one off payment; on-going allowance

If requesting an on-going allowance how will this meet the needs of the child now; and in the future.

Approved by Principal Manager

Signature

Date

Panel Decision including reasons why financial support agreed/not agreed

Signed

Date

Strategic Manager – Children's Social Care