

Finance

To:

Ref:

CHILDREN AND FAMILIES SERVICES INTERNAL MEMORANDUM

From:

Tel No:

Ref:									
			Date						
Special Guardianship Order				Child Arrangement Order					
Adoption Order		Placed for Adoption							
Name of Child									
Name of Carer									
Address of Carer									
Social Worker	To				am				
Start Date of Allowance									
Type of Allowance (Please select)	Means Tested		Not Means Tested		-		No Stand		
Allowance Amount (only applicable when it is non- standard)									
End Date of Allowance									
Lump Sum	Amount				Date				
payment is to be made to the carer									
Strategic Manager Signature									
Date									