A pink and blue text on a black background

Description automatically generated with medium confidence

**Adoption Allowance Review Form**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Name of Parents** |  |
| **Address** |  |
| **Telephone Number (mobile)** |  |
| **Email Address** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | **Is the child/young person in full time education?**  (Please state school/college and course) |  | | **Is the child young person living with you full time?**  (If no, please state childcare arrangements) |  |  |  |  | | --- | --- | | **Current allowance per week** |  | | **Start date of allowance** |  | | **End date of allowance** |  | | **Description of child/young person’s additional needs** **that require ongoing financial support** | | |  | | | **What difference will this additional financial support make?** | | |  | | | **Any changes since the last review?** | | |  | | | **Please summarise why you feel the allowance should be extended and for what time period?** | | |  | | | **Views of the child / young person (if old enough) regarding the request for the additional support.** | | |  | | |

|  |  |
| --- | --- |
| **Date completed** |  |
| **Form completed by** |  |
| **Relationship to child / young person** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of ADM** |  | | | |
| **Comments** | | | | |
| **Signature** |  | | | |
| **Approved** | **Yes** |  | **No** |  |

When this form has been completed it should be sent to the Council’s Central Payments Team (Susan Hall).