

**Adoption Allowance Review Form**

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| **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) |  |

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| **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**  |
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| **What difference will this additional financial support make?**  |
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| **Any changes since the last review?** |
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| **Please summarise why you feel the allowance should be extended and for what time period?** |
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| **Views of the child / young person (if old enough) regarding the request for the additional support.** |
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| **Date completed**  |  |
| **Form completed by**  |  |
| **Relationship to child / young person**  |  |

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| **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).