A pink and blue text on a black background

Description automatically generated with medium confidence

**AD2 REQUEST FOR ASSESSMENT OF ENTITLEMENT FOR**

**FINANCIAL SUPPORT**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **LCS Number** |  |
| **Social Worker** |  |
| **Team** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of assessment required (Please tick as appropriate)**   |  |  | | --- | --- | | **Adoption** | | | **Time Limited** |  | | **Ongoing** |  | | **Review** |  | | | |
| **Details of prospective adopter(s) / carers** | | |
| **Surname** |  |  |
| **Name** |  |  |
| **Address** |  | |
| **Telephone Number** |  | |
| **Email address** |  | |

|  |  |
| --- | --- |
| **Date payment to start** |  |

|  |  |
| --- | --- |
| **Date completed** |  |
| **Name of Head of Service** |  |
| **Signature** |  |