

**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**  |  |