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Description automatically generated with medium confidence

**Form AD1**

**AD1 Report for Approval of Financial Support - Adoption**

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| **Child’s Name** |  |
| **Date of Birth** |  |
| **LCS Number** |  |
| **Social Worker** |  |
| **Team** |  |
| **Family Finder** |  |
| **Name of Carer (if known)** |  |

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| **Summary of the child’s needs**  Please explain how the child meets the criteria for an Adoption Allowance including a summary of the child’s development and health needs. Please include an overview of the child’s journey including any experience of trauma, neglect or abuse (including those in utero). |
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| **What difference will this additional financial support make to support the child to achieve permanence.** |
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| **Type of Request**  Please specify the details | |
| **Means test payment** | Is this an ongoing or time limited payment? |
| **Non means tested payment** | Is this time limited or on going payment? |
| **Transitional Payment for foster carers adopting the child** |  |
| **Payment for foster carers adopting the child until the age of 18** |  |
| **Any other payment** | For example, payment for nursery fees or equipment |

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| **Date payment to start (placement date or other)** |  |

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| **Was an adoption allowance agreed at SHOPA by the ADM?** | **Yes / No** |
| **Date of SHOPA** |  |
| **Summary of decision** | Add the notes from minutes |

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| **Was an adoption allowance agreed at matching by the ADM?** | **Yes / No** |
| **Date of matching** |  |
| **Summary of decision** | Add the notes from minutes |

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| **Name of Social Worker** |  |
| **Name of Team Manager** |  |
| **Date completed** |  |

|  |  |
| --- | --- |
| **Name of Head of Service** |  |
| **Comments** | | |
| **Date completed** |  |
| **Date sent to ADM** |  |

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

When this form has been completed it should be sent to the Head of Service with responsibility for the child’s care plan and the Council’s Central Payments Team (Susan Hall).

The Head of Service will arrange for the request to be sent to the child’s social worker for inclusion on their LCS file (where the child is open to Bradford CSC) and to One Adoption West Yorkshire.