**RESOURCES**

**REFERRAL FORM FOR FINANCIAL SUPPORT FOR ADOPTION / SPECIAL GUARDIANSHIP / CHILD ARRANGEMENT ORDERS**

**SECTION A: REFERRAL DETAILS**

**To be completed by Children’s Services and e- mailed to the Financial Assessment Team (**[**Finance.Assistants.Initial.Assessment.Team@durham.gov.uk**](mailto:Finance.Assistants.Initial.Assessment.Team@durham.gov.uk)**)**

***Please Note: - This referral can only be processed if all fields are completed, failure to do so may result in delay***

**1. Particulars of Proposed Carers**

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Name in Full** |  |  |
| **Date of Birth** |  |  |
| **Occupation** |  |  |
| **National Insurance Number** |  |  |
| **Home Address** |  |  |
| **Telephone (Home)** |  |  |
| **Telephone (Work/Mobile)** |  |  |

**2. Details of Children for whom an allowance is sought**

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| --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Date of Birth** | **Age** | **Type of Allowance** | **PID** |
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**3. Other members of the family living at home (do not include children for whom an**

**allowance is sought)**

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| **Surname** | **Forename** | **Date of Birth** | **Age** | **Relationship to Applicant** |
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1. **Date of Panel (if known)**

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| --- | --- |
| **Date:** |  |

1. **Is the family income at benefit level Yes/No** (please delete appropriately)

**Any other relevant information**

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1. **Details of worker making referral (failure to do so will result in this application not being processed)**

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| **Name** |  |
| **Team** |  |
| **Location** |  |
| **Telephone** |  |
| **E-mail** |  |

**SECTION B(i)**

**CALCULATION OF FINANCIAL SUPPORT**

**To be completed by the Financial Assessment Team**

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| **Household Income (weekly)**  **Confirmed by supporting evidence** | **Carer 1** | **Carer 2** | **Total** | **Documentary evidence** |  |
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| **Total family income** | | |  |  |  |
| Less 20% of income | | |  |  |  |
| **Total projected family income for calculation** | | |  |  | **(A)** |
|  | | |  |  |  |
| **Allowable Expenditure (weekly)**  **Confirmed by supporting evidence** | **Carer 1** | **Carer 2** | **Total** | **Documentary evidence** |  |
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| **Total Family Expenditure:** | | |  |  | **(B)** |

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| **Add Core Family Expenditure based**  **on income support allowances and premiums plus 25% (19/20 rates)** | |  |  | |
| **Units** | **Total** |  |
| Lone Parent aged 16-17 | 72.40 |  |  |  |
| Lone Parent aged 18 or over | 91.40 |  |  |  |
| Couple both aged 18 or over | 143.60 |  |  |  |
| Dependent Child | 83.65 |  |  |  |
| Disabled Child | 80.25 |  |  |  |
| Disabled Adult single | 42.95 |  |  |  |
| Disabled Adult couple | 61.20 |  |  |  |
| Single Pensioner | 209.10 |  |  |  |
| Couple Pensioner | 319.10 |  |  |  |
| Carer Premium | 46.10 |  |  |  |
| **Total CFE inc 25%** | | |  | **(C)** |
| **Total Projected Family Expenditure (B + C)** | | |  | **(D)** |

|  |  |  |
| --- | --- | --- |
| **CALCULATION (weekly)** |  |  |
| Total projected net family income **(A)** |  |  |
| Total projected family expenditure **(D)** |  |  |
| Disposable income **(A) minus (D)** |  | **(E)** |
| **50% of Disposable Income (E) divided by 2** |  | **(F)** |

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| **POTENTIAL PAYMENT** |
| Age related fostering allowance where 50 % of disposable income is equal to or less than 0 |
| Partial payment where disposable income is greater than 0  (F) to be shared and deducted equally from the age related fostering allowance for each child |

**SECTION B (ii)**

**SUMMARY OF CALCULATION**

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| **Name** | **Age Related**  **Fostering Allowance** | **Less Adjustment** | **Less Child Benefit** | **Calculated**  **Discretionary Allowance** |
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| **Notes for File/Panel (e.g. if a decision is required on allowable expenditure)**  NB: If an allowance is not allocated to all of the above, the adjustment must be shared between those receiving an allowance. |

**SECTION B (iii)**

**Benefits Check – ‘Benefits which may become payable’**

**FABO to arrange a further financial review following confirmation from AO (FS) when**

**commencing payment of allowance.**

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| **Details of any state benefits which may become payable.** |

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| --- | --- |
| **Financial Assessment Carried out by** |  |
| **Contact Number** |  |
| **Date Completed** |  |
| **Date Form uploaded onto LCS** |  |

***SS499 to be e-mailed to the worker who made the referral for submission to the relevant Panel, where appropriate & to the LL Document Store.***

***Revised Financial Assessment following ‘Benefit Check’ confirmation to be e-mailed directly to***

***AO (FS) and emailed to the LL Document store.***

**SECTION C: RECORD OF DECISION MAKING**

**To be completed by Admin Officer (Adoption) or SGO/RO Panel Administrator**

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| --- | --- |
| **Date of Panel** |  |

**Allowance Agreed**

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| --- | --- |
| **Date Support approved by Agency Decision Maker (Adoption only)** |  |
| **Date Payment to Commence** |  |
| **Date Payment to Cease/Reviewed** |  |
| **Details of any adjustment required to calculation and reason why\*** | |

**Financial Support Refused**

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| **Reason for Panel Decision** |

**Panel Administrator to forward SS499 to the Admin Officer (FS) or back to the Financial Assessment Team if any recalculation required**

**SECTION D: To be completed by AO (FS), where applicable**

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| **Action** | **Date Completed** | **Name** |
| Notification of Entitlement Letters sent to client |  |  |
| Notification of Ceasing Payment Letter sent to client |  |  |
| Letter sent to applicant to confirm refused financial support |  |  |
| Letters copied and sent to Team Manager/SW (to be placed on child/young person’s file and/or Adoption file) |  |  |
| Locality notified of payment for LCS (Adoption only) |  |  |
| Payment details recorded on LCS |  |  |