**Appendix D: Compensatory Payment Form**

Name of Young Person……………………………………………………………….

Name of Staying Put Provider………………………………………………………..

Reason for compensatory payment

Is the carer in receipt of welfare benefits? Yes/no

 If yes, which benefit?

Is the carer going to be financially worse off due to tax levels? Yes/no

Will the carer be financially worse off due to council tax? Yes/no

What is the detriment to the carer financially? £……………

Has evidence of this detriment been seen?

By whom?

Compensatory payment (section 23 payment) of £……………… agreed from ………… (date) until………. (date) maximum 6 months or 31st March (whichever comes soonest), then to be reviewed.

Signed………………………………………………………. Leaving Care Case Worker

Signed ………………………………………………..……. Staying Put Provider

Signed……………………………………………………... Staying Put Coordinator