**KENT COUNTY COUNCIL – SPECIALIST CHILDRENS SERVICES**

**ADOPTION SUPPORT SERVICES REGULATIONS 2005**

**CRITERIA FORM**

**Re: (name of child)**

**Date of Birth:**

The Regulations provide that financial support may be paid only if any of the following criteria apply.

|  |  |
| --- | --- |
| 1. Where the child has been adopted and financial support is necessary to ensure the adopters can continue to look after the child
 | YES/NO |
|  |  |
| 1. Where the child has established a strong and important relationship with the adoptive parents before the adoption order is made
 | YES/NO |
|  |  |
| 1. Where it is desirable that the child be placed with the same adoptive parents as his brother or sister, or with a child with whom he had previously shared a home
 | YES/NO |
|  |  |
| 1. Where the child needs special care which requires a greater expenditure of resources by reason of illness, disability, emotional or behavioural difficulties or the continuing consequences of past abuse or neglect
 | YES/NO |
|  |  |
| 1. Where on account of the age, sex or ethnic origin of the child it is necessary for the local authority to make special arrangements to facilitate the placement of the child for adoption
 | YES/NO |

And the child has not been placed for adoption and financial support is necessary to ensure the adopters can look after him/her, or the child has been placed for adoption and financial support is necessary to ensure the adopters can continue to look after them.

Contd/

Purposes for which financial support is to be provided:------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Lump sum/ongoing/time limited payment proposed………………………………………………………………

Authorisation required prior to submission of paperwork to Adoption & Special Guardianship Support Board and prior to completion of a Means Test,

Signed (Social Worker) Date:

Signed (Service Manager)……………………………………………… Date……………………………..

Signed (Adoption Social Worker)……………………………………… Date…:………………………..

**n.b. AA2 should be submitted to Adoption & Special Guardianship Support Board prior to consideration of the match by the Panel**

Comments………………………………………………………………………………………………………………

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