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| **Special Guardian****Adoption Support Fund** **Therapeutic Assessment Form** |
| **Child’s Name**  |  |
| **Date of Birth** |  |
| **Liberi Number**  |  |
| **Date Adoption Order Granted**  |  |
| **Placing Local Authority**  |  |
| **Ethnicity**  |  |
| **Religion** |  |
| **Special Guardian’s Names** |  |  |
| **Address** |  |
| **Telephone/mobile number**  |  |  |
| **Email** |  |  |
| **Brief Case History**  |
|  |
| **History of support previously offered**  |
|  |
| **Identified Support Needs**  |
|  |
| **Detail of support requested including costs**  |
|  |
| Name  | Signature  | Date  |
| **Special Guardian** |  |  |
| **Special Guardian** |  |  |
| **Assessing Worker**  |  |  |
|  **Team Manager**  |  |  |