|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  | |  | |