

**FAMILY SERVICES WELFARE RIGHTS AND ASSESSMENT TEAM
REFERRAL FOR ADOPTION RESIDENCE AND SPECIAL GUARDIANSHIP ALLOWANCE**

	1 ST Applicant	Partner
Raise ID		
Name		
Date of Birth		
NINO		
Address		
Postcode		
Telephone		

Child (ren) to be assessed for Allowance				
Name				
Date of Birth				
Delete as required	Adopt / Residence / SPG	Adopt / Residence / SPG	Adopt / Residence / SPG	Adopt / Residence / SPG

Other Family Members			
	1	2	2
Name			
Date of Birth			
Status - tick which applies			
Adopt / Residence / SPG			
Fostered (Tick)			
Other e.g. Own Child			
Non dependant (Tick)			

Proposed Date and Venue of visit, this can be at Welfare Rights and Assessments Team Block C Normanton Town Hall or at your local Team Office please state. (For out of area applicants only)

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Other Information

Social Worker / Care Co-ordinator Name	
Signature	
Contact Number	
Team	
Date	

Forward form to

Email	Benefits&assessments@wakefield.gov.uk
Fax	01924 307311
Telephone Queries	01924 307458/307417