**Financial Assessment Form for consideration of payment of an Adoption/Kinship Allowance**

Before completing this form, please ensure you have read and understood the policy and guidance at end of form.

|  |
| --- |
| **Personal Details** |
| **Allowance applied for** *tick which applies* |
| **Adoption** |  | **Residence** |  | **Special Guardianship** |  | **Other** (state) |  |
| **Eligibility criteria***[please state]* |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Name**  |  |  |
| **Address** |  |  |
| **Telephone H** |  |  |
| **Telephone M** |  |  |
| **Email**  |  |  |
| **Marital Status**  |  |  |

|  |
| --- |
| **Details of child/ren to whom application relates** |
|  | **Name** | **DOB** | **Relationship to applicant** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |
| --- |
| **Other members of the household** |
|  | **Name** | **DOB/Age** | **Relationship to applicant** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

If you or your partner are getting Employed Person’s Allowance, Income Support or Income-based Jobseeker's Allowance please sign the declaration below and **proceed to page 4**, complete sections on child’s financial resources, Declaration and Data Protection and submit.

I/we confirm that I am/we are currently getting Employed Person’s Allowance, Income Support or Income-based Jobseeker's Allowance[[1]](#footnote-1) and that the above child(ren) lives/live with me/us or is to be placed with me/us on ................(date)

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your partner’s signature (if you have one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Income**

We require you to provide proof of your income as follows:

If you work for an employer, please supply us with your wage or salary statements for the last 3 months of your employment (if you are paid monthly) or for the last 8 weeks (if you are paid weekly). If you are self-employed, please supply us with a statement of your accounts prepared for the Assessor of Income Tax for the most recent year of submission.

If you receive bank or building society interest, please provide us with a copy of your statements for the last 3 months. If you receive investment income (e.g., share dividends or stock interest) please provide us with your last income statement.

Please tell us about all your income in the table below. But if you are getting Employed Person’s Allowance, Income Support or Income-based Jobseeker's Allowance you don’t need to fill in the table below.

Where a question in the table below is not applicable please state “N/A”.

|  |  |  |
| --- | --- | --- |
| **Type of income** | **Amount of your income**  | **Amount of your partner’s income** |
|  | **Weekly**  | **Monthly/year** | **Weekly** | **Monthly/year** |
| **Net salary or wage** (net of Tax, NI and Pension contribution) |  |  |  |  |
| **Self-employed net profit** |  |  |  |  |
| **Ltd business salary** |  |  |  |  |
| **Pensions**  |  |  |  |  |
| **Allowances** Please see full range of social security benefits below**[[2]](#footnote-2)** please state |  |  |  |  |
| **Benefits** please state |  |  |  |  |
| **Income from rents/lodgers** |  |  |  |  |
| **Allowances/maintenance as a result of divorce or separation** |  |  |  |  |
| **Child benefit** |  |  |  |  |
| **Income from investments/savings** |  |  |  |  |
| **Annuities** |  |  |  |  |
| **Savings (Bank/Building Society Balance)** |  |  |  |  |
| **Value of second or subsequent homes** |  |  |  |  |
| **Other income** |  |  |  |  |
| **TOTAL** |  |  |  |  |

|  |  |
| --- | --- |
| **Declaration 1** | **I/we declare, I/we do not have savings and investments (including equity in a second home) in excess of £100,000.** |
| **Declaration 2** | **I/we declare the details stated are a true and accurate account of the household income.** |
| **Signature**  |  |
| **Signature**  |  |
| **Date**  |  |

**Your financial commitments and outgoings**

|  |  |  |
| --- | --- | --- |
| **Commitments and outgoings** | **Applicant 1** | **Applicant 2** |
|  | **Weekly**  | **Monthly/year** | **Weekly** | **Monthly/year** |
| **Mortgage repayment/ interest payment** |  |  |  |  |
| **Rent**  |  |  |  |  |
| **Rates**  |  |  |  |  |
| **Contributions to a Personal Pension Plan. (***Allowable if the applicant is not a member of a company pension scheme***)** |  |  |  |  |
| **Life assurance premiums.** (Up to a total of 10% of net income). |  |  |  |  |
| **Household insurances**. *(where not included in mortgage repayments)* |  |  |  |  |
| **Any commitments under a Court Order** (*Including any payments made under a Separation or Maintenance Order*) |  |  |  |  |
| **Loan repayments** *(excluding credit card debts)* |  |  |  |  |
| **Additional expenses** *not covered in the above which are related to the placement**NB: the personal allowance will take account of all usual household expenses.* |  |  |  |  |
| **TOTAL** |  |  |  |  |
| **Declaration**  | **I/we declare the details stated are a true and accurate account of the household expenditure.** |
| **Signature**  |  |
| **Signature**  |  |
| **Date**  |  |

**The financial resources of the children placed or to be placed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Benefits (DLA) etc** |  |  |  |  |
| **Investments/trusts/compensation** |  |  |  |  |
| **Other (e.g. maintenance)** |  |  |  |  |
| **TOTAL** |  |  |  |  |

|  |  |
| --- | --- |
| **Any other additional information relevant to this application** |  |

**Declaration by Applicant/s**

|  |  |
| --- | --- |
| **Declaration**  | **I/we declare the details stated are a true and accurate to the best of my/our knowledge and request assessment for the payment of an allowance.** |
| **Signature**  |  |
| **Signature**  |  |
| **Date**  |  |

**Data Protection**

Your declaration

So that we can verify what social security benefits you are getting and how much you are getting please complete the following declaration and ask your partner to do the same if you have a partner.

I agree that the Treasury may provide information to the Department of Health and Social Care about me and the social security benefits which I am receiving to establish what my income is for the purposes of this financial assessment.

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your partner’s declaration (if applicable)

So that we can verify what social security benefits you are getting and how much you are getting please complete the following declaration and ask your partner to do the same if you have a partner.

I agree that the Treasury may provide information to the Department of Health and Social Care about me and the social security benefits which I am receiving to establish what my income is for the purposes of this financial assessment.

Your partner’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In certain circumstances, you can have a copy of the information we hold about you, a description of how it is used and who the information is disclosed to. You can apply to us for that information in writing. We may charge a reasonable fee for this.

**FOR OFFICE USE ONLY**

**Assessment Calculation**

|  |  |
| --- | --- |
| **Total income** *(- disregarded benefits)* |  |
| **Less total expenditure** |  |
| **SUBTOTAL:** |  |
| **Less personal allowances adults** *(twice income support level)* |  |
| **SUBTOTAL:** |  |
| **Less child allowance** *(IOM Fostering Service age related allowance)* |  |
| **RESIDUAL INCOME (+/-)** |  |

|  |
| --- |
| **Decision and reasons for allowance payable** |
| **No payment/allowance** |  |
| **payment of a one-off lump sum** |  |
| **periodic payments to meet an occasional expense** *(e.g., costs of facilitating**direct contact arrangements)* |  |
| **payment of a regular allowance** |  |
| **Signed:** |  |
| **Date:** |  |
| **Title/role :** |  |
| **Date of Review:** |  |

**Guidance to accompany the Financial Assessment Form for Kinship Allowances**

* A kinship allowance is only payable if at least one of the specific criteria for the payment of an allowance is met and the financial circumstances of the family are such that they are eligible to receive an allowance.
* The carers agree to enter into a written agreement with the Department of Health and Social Care
* If an allowance is agreed, the financial situation has to be reviewed each year and a new financial assessment form completed each year**.**
* The information given is declared true and accurate by the carers. If subsequently the Department of Health and Social Care discovers it is inaccurate the allowance will cease with immediate effect and the Department of Health and Social Care may seek to recover monies paid as a result of false information being given.

**NB: Adoption Allowance Applications**

In acknowledgment of the difference between the circumstances leading to and the effect of an Adoption Order compared to Residence or Special Guardianship Orders, decision making on Adoption Allowance applications will be led by whether there are specific needs of the child that have to be met by the adoptive parents which have a financial implication (either on their ability to earn income or direct expenditure required to meet specific needs). Their general financial circumstances to meet the basic needs of a child into adulthood should have already been established during assessment.

**The Financial Assessment**

The financial assessment will take account of the total income and will weigh against the family's total outgoings, including any costs relating to the child who is the subject of the request.

The sum left when total commitments are subtracted from total income is called the

Residual Income and will dictate whether an allowance is payable, and at what rate.

**Income**

All income must be declared, including:-

* Net wages or salaries from an employer (for both partners in the case of couples). Net of Income Tax, National Insurance and any contributions to a company pension scheme. Overtime and other earnings should be included.
* An average should be taken, over 3 months for monthly-paid, or 8 weeks for weekly paid. (Proof of income is required in the form of the most recent payslips.)
* Net Profits, for self-employed/Ltd company persons. An Assessor of Income Tax approved statement of net profits for the previous tax year is required. (A statement of expected profits for the current year may be asked for, and may be used to assess current income for the year if it is expected to be substantially different from the previous year, or if a full year's tax statement is not available, i.e. new business)
* All benefits and allowances, including jobseeker’s allowance, income support, Disability Living Allowance, Incapacity Benefit and any Adoption, or Fostering allowances received for any child(ren) in the family must be declared.
* Child Benefit. This should be claimed from the date that the child for whom the Allowance is being claimed, was placed on a permanent basis (regardless as to whether or an Order has been granted at this stage)
* All state and private pensions (including those paid for disabilities)
* Any maintenance payments must be declared and will be classed as income.
* Income from investments and annuities.
* Income from savings and assets totalling less than £13,000 will be disregarded for the purpose of the assessment. Income from savings or investments of between £13,000 and £100,000 will be included in the financial assessment. An allowance would not usually be payable where savings and assets (not including primary residence) total more than £100,000.
* Income from lodgers, tenants, sub-tenants or rental income.
* Any additional income from any source not mentioned above must be declared.

**List of Allowances (Social Security)**

1. income support;
2. jobseeker’s allowance;
3. employed person’s allowance
4. attendance allowance;
5. disability living allowance;
6. incapacity benefit;
7. maternity allowance;
8. paternity allowance;
9. adoption allowance;
10. widowed mother's allowance;
11. widow’s pension;
12. widowed parent's allowance;
13. bereavement allowance;
14. State retirement pension
15. severe disablement allowance;
16. carer’s allowance;
17. guardian's allowance;
18. industrial injuries benefit
19. child benefit (you should claim child benefit from the date that the child for whom the Allowance is being claimed is placed with you permanently (regardless of whether or an Order has been granted)
20. pension supplement;
21. a retirement pension premium.

**Personal Allowances**

Standard personal allowance adjustments are calculated on the income support rates set down by the Treasury for adults as single people or couples,

The personal allowance rate for this calculation for adults will be twice the Income Support rate as laid down by the Treasury. The rates are set to take into account all the usual household expenses not separately detailed as commitments defined below.

The personal allowance rate used for each dependent child is an amount equivalent to the rate that the IOM Fostering Service sets down as being the total costs incurred in bringing up a child in his/her own home.

For the purpose of calculating Allowances, a dependent child is deemed to be a child who is aged 16 or under, or a young person who is aged 16 – 18 who is still receiving full-time education and who has his/her home with the family.

**Commitments**

* Mortgage repayments, including interest and principal and endowment premiums.
* Rent, after deduction of Housing Benefit if received.
* Rates.
* Contributions to a Personal Pension Plan. (Allowable if the applicant is not a member of a company pension scheme),
* Life assurance premiums (up to a total of 10% of net income).
* Household insurances (both buildings - where not included in mortgage repayments - and contents insurance).
* Any commitments under a Court Order (including any payments made under a Separation or Maintenance Order).
* Loan repayments (excluding credit card debts)
* Exceptional Family Expenses - if there are any additional expenses not covered in the above which are related to the placement, can be declared. Each case will be considered on its own merits and some discretion may be applied.

**Financial Resources of the Child**

* If the child to whom the allowance applies receives a Disability Living Allowance, it must be declared, but it will be disregarded in the income calculation.
* Where the child has additional needs and there are extra costs inherent in caring for the child it is assumed that applications for the payment of disability allowances – including where appropriate mobility allowance will be made.
* Any lump sum payment or trust fund held in the child's name must be declared, along with any regular payments received in respect of the child. Regular payments may be offset against the personal allowance for the child.

**Method of Assessment**

The residual income of the family will be calculated by taking the difference between the total family income and the sum of the personal allowances and commitments that are allowable.

* A positive residual income will result in no allowance being payable.
* A negative residual income will result in a full (or partial) allowance being paid up to the maximum allowance payable [equivalent to the IOM Fostering Service’s recommended allowance for a child of that age].
* Any family in receipt of Income Support or Jobseeker’s Allowance will automatically receive the full allowance appropriate to the child’s age.
* An allowance may be paid as a lump sum contribution or a regular payment.
* Payment will be subject to annual re-assessment of financial position.
1. ~~strike through~~ the benefits you are not getting [↑](#footnote-ref-1)
2. See guidance document [↑](#footnote-ref-2)