



## Fostering Family Grant Expression of Interest form

This form is purely to seek support for progression to formal application

Date:

**Name of Applicant:**

**Address:**

**Postcode:**

**Tel number:**

**If this grant is for a specific child -**

**Name of child:**

**Swift number:**

Why is the grant needed?

- (this section is to be completed by the supporting social worker)

What other options have been considered?

What contribution can the carer make to the proposed project?

**PORTSMOUTH CITY COUNCIL**

**Office use only -**

Please ensure that you have discussed the following with your client.

- Policy discussed with carer
- Approval process
- Documentation required if approved
- Carer is home owner
- Carer understands PCC will carry out the work
- Carer understands legal charge may be placed on their home (Carer will need to ensure that this is acceptable to any mortgage provider)
- Carer has at least 1 year post approval experience
- No safeguarding or standard of care issues have been raised about the carer (in the last 2 years)

**Form completed by - Social Worker**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

**Approval - Team Lead**

This request is endorsed for formal application / rejected

Signed \_\_\_\_\_

Date \_\_\_\_\_

Team Lead \_\_\_\_\_

**Approval - Service Lead**

This request is endorsed for formal application / rejected

Signed \_\_\_\_\_

Date \_\_\_\_\_

Service Lead \_\_\_\_\_

