**APPENDIX 2**

# FN024B ‘EX-GRATIA PAYMENT FORM’

Note:

* To be used to claim/recompense for deliberate damage or loss to foster carers’ property caused by a child/young person in their care.
* Please read Part 1, Section 15 (pgs. 47 & 48) before completing this form.

**Foster carer** ………………………………………………………………………

**Address** ……………………………………………………………………………

**Telephone Number (day)** ………………………………………………………

## Details of the damage or loss

|  |  |
| --- | --- |
| Date:  | Approx. time:  |

### How did the incident happen and what was the extent of the damage? (Complete on a separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item(s) damaged or lost**  | **New cost**  | **Age of item**  | **Replacement/Repair cost**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

|  |  |
| --- | --- |
| Child/young person responsible:  |   |
| Date of birth:  |   |
| Placement start-end dates:  |   |

##  Name of claimant’s insurance company

###  Has an insurance claim been made? Yes / No

**If yes, what were their comments? If no, state reasons:**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Foster Carer**  | **Supervising Social Worker**  | **Fostering** **Team Manager**  |
| **Signature**  |   |   |   |
| **Date**  |   |   |   |

To facilitate payment, please state to whom the cheque should be made payable: