**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: