NORTH TYNESIDE COUNCIL

##### FOSTERING SERVICE

#### SPECIAL GUARDIANSHIP SUPPORT SERVICES REGULATIONS 2016

**AGREEMENT FOR THE PAYMENT OF**

**ONGOING FINANCIAL SUPPORT**

This is an agreement between North Tyneside Council (known as ‘The Agency’)

and (Name of SG) (referred to as ‘the Special Guardians’)

**Address: (Address of SG)**

1. The Special Guardian is caring for **(Child, Dob)**
2. The Special Guardian(s) have read the letter dated **(Date of Letter)** from the Senior Manager for LAC Resources (copy attached), informing them of the decision to award continuing ongoing financial support and understand and accept what is required of them.
3. The amount of the reviewed financial support at the date of this agreement is **(£Amount)** per week, which has already had Child Tax Credit and Child Benefit deducted.

The financial support is subject to change and/or stopping as a result of the annual review of the Special Guardian’s financial and family circumstances or as a consequence of the failure of the Special Guardian(s) to provide such information as may be requested relating to their financial and family circumstances. If you have not contacted us within the given time with the required documentation your allowance will cease until you submit the requested documentation. After we have received the documentation if any monies are owed to you due to the above cessation these will be repaid to you in full on the next schedule.

1. The Special Guardian(s) undertake to repay any overpayments made by the Agency.
2. The financial support shall be paid in accordance with the Agency’s standard frequency of payment which is weekly at the date of this agreement.
3. Payment shall be made and shall continue in accordance with the terms of the Scheme and this Agreement.
4. The Special Guardian(s) shall provide the Agency with such financial details and other information about their family circumstances on an annual basis. If they fail to do so, the Agency may deem that the Special Guardian(s) need for financial support has ceased until such time as such information is supplied.
5. The Special Guardian(s) hereby agree to the Agency obtaining information about them for the purpose of their application for the continuation of the financial support.
6. The Special Guardian(s) acknowledge that payment of the financial support shall be at the sole discretion of the Agency and will cease or be varied should any of the circumstances described in the Special Guardian Support Regulations 2016 prevail, or in the event of the lack of resources available to the Agency or of the Agency’s legal authority to pay financial support ends.
7. Not withstanding the above the financial support shall cease when the child is no longer in full time education or training.
8. Financial support will cease when the child reaches 18 years of age or sooner if they no longer reside with you. Please note you are required to inform the Agency that the child no longer resides with you within 28 days of the child leaving your care as this will change your eligibility for ongoing financial support.

# SIGNED……………………………….(Special Guardian) DATE………………

## **Name (in capitals) ……………………………………………………………………**

### SIGNED…………………………...…….(Special Guardian) DATE………………

## **Name (in capitals) …………………………………………………………………..**

SIGNED DATE



**Jodie Henderson**

**Senior Manager for LAC Resources**

**Health, Education, Care and Safeguarding**