# Memo

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| **To:** | [Name of National Commissioner or Site Manager] [Title of Approving Manager] |
| **From:** | [Social Worker Name], Social worker for te tamaiti  |
|  | [Caregiver Social Worker Name], Caregiver Social Worker[Name of Endorsing Supervisor] Supervisor |
| **Date:** | [Date] |
| **This memo may contain legal advice and be legally privileged.****It should not be disclosed on an information request, without further legal advice.** |

**Approval of Higher Fostercare Allowance**

Higher fostercare allowance (HFCA) is used to provide specific financial support to caregivers under section 363(3) of the Oranga Tamariki Act 1989 to meet special needs of tamariki and rangatahi that cannot be met by the standard caregiver allowances made under section 363(1) of the Act.

[Higher fostercare allowance | Practice Centre | Oranga Tamariki](https://practice.orangatamariki.govt.nz/our-work/care/caregivers/support-for-caregivers/higher-fostercare-allowance/)

This application seeks your approval of higher fostercare allowance for:

**Name of te tamaiti or rangatahi:**

**Date of Birth:**

**Age:**

**Caregiver Name:**

**HFCA Proposed Start Date:**

**HFCA Proposed Review Date:**

**Summary**

*[Based on the assessment report, provide a summary of the information and insights gathered about the unique needs of te tamaiti or rangatahi and the analysis of what this means for them.]*

Attach relevant assessment report.

**Special needs identified in the All About Me plan**

*[Describe the special needs of te tamaiti or rangatahi as recorded in their All About Me plan.]*

Attach a copy of the All About Me plan.

**Support to meet special needs identified in the Caregiver Support plan**

*[Describe the specific supports to be provided through the caregiver to meet the special needs of te tamaiti or rangatahi as recorded in the Caregiver Support plan.*

*Add any additional commentary from the caregiver social worker.]*

Attach a copy of the Caregiver Support plan.

**What are the specific costs required to meet these support needs**

The higher fostercare allowance can only be paid for specific costs (actual or pre-estimated) for demonstrable items or services provided to meet the needs of te tamaiti or rangatahi. Evidence for the actual or estimated costs should be recorded on CYRAS.

**Proposed higher fostercare allowance**

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| **Special needs being met through the caregiver** | **Comment** | **Actual or estimated cost****month/year** | **$ per week** |
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| **TOTAL HFCA** |  |  |  |

**Standard Weekly Foster Care Allowance**

Regular payments the caregiver is receiving.

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| --- | --- | --- |
| **Standard board and entitlements** | **Per month/year** | **$ per week** |
| Standard caregiver allowance |  |  |
| Clothing allowance |  |  |
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|  |  |  |
| **TOTAL standard allowances** |  |  |
| **TOTAL standard and HFCA** |  |  |

**How long will the support be required**

*[Based on the assessment report, set a review date for the higher foster care allowance to a maximum of 6 months.]*

**Additional comments**

*[Is there any additional information that should be considered in support of this application? You may attach additional reports, letters of support.]*

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| Signoff Name Site Manager |  | Date |

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| Signoff NameCGRS Manager |  | Date |

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| Signoff Name Regional Commissioner |  | Date |

**HFCA APPROVED/NOT APPROVED**

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|  |  |  |
| Signoff Name National Commissioner |  | Date |

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| Attachments: | Assessment report, All About Me plan, Caregiver Support plan |

Please see Operational and Financial Delegations for sign off

Date

Caregiver Name

Caregiver Address

Salutation

HIGHER FOSTERCARE ALLOWANCE FOR (NAME OF TE TAMAITI OR RANGATAHI)

I am pleased to advise that an application by (Social worker for te tamaiti name) for Higher Fostercare Allowance for (Name of te tamaiti or rangatahi) has been approved.

Higher Fostercare Allowance of (specify dollar amount/week) will be paid in addition to the Care Allowance of (specify dollar amount/week) and other allowances paid to support care of (Name of te tamaiti or rangatahi).

This allowance provides additional financial support for (Name of te tamaiti or rangatahi) to meet the following needs (specify needs described in application).

The allowance is for a period of (X weeks/months) and will start on (enter start date) and be reviewed on (enter review date).

The allowance may be reviewed prior to the specified review date if circumstances change, and additional support is required, or the specified support is no longer needed. Please talk with your caregiver social worker (name of caregiver social worker – optional) or the social worker for (Name of te tamaiti or rangatahi) (name of social worker for te tamaiti or rangatahi – optional) if the support needs for (Name of te tamaiti or rangatahi) change.

Each request for Higher Fostercare Allowance is considered on application and this approval is not a guarantee of further additional funding.

Support needs for (Name of te tamaiti or rangatahi) will be reviewed by their social worker together with you and your caregiver social worker at the review date. Further application can be made for Higher Fostercare Allowance if a need for additional financial support is agreed.

Please feel free to contact the social worker for (Name of te tamaiti or rangatahi) or your caregiver social worker (Name of caregiver social worker) if you have any questions or concerns.

I’d like to take this opportunity to acknowledge and thank you for your commitment and the care you provide (Name of te tamaiti or rangatahi).

Kind regards

Name of HFCA approving manager

Title of HFCA approving manager