

# Social Security

## Matching Certificate – Adoption Allowance

Only the adoption agency responsible for conducting the adoption of the child in question can fill out this form. Parts A and B must be filled in by the adoption agency.

### Part A

Name of adoptive parent

Address of adoptive parent

<input type="text"/>
<input type="text"/>
Postcode

I confirm that the person named above:

Has been approved for adoption and matching with a child by our agency

Yes

Is expected to be placed with a child on

Was notified of this on

If the child has already been placed, the placement occurred on

### Part B

I confirm that we are an adoption service provided under section 14 of the Adoption Act 1984 (an Act of Tywnald)

Agency Name

Agency address

<input type="text"/>
<input type="text"/>
Post code

Agency Stamp

Your name

Your signature

Date



The Treasury

Yn Tashtey

FORM ADA2 April 2014