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Foster Carer Form

This consent form authorises Warrington Borough Council Fostering Services to disclose relevant information about my Foster Carer status to the Benefits Section acting on behalf of Warrington Borough Council for the purposes of assessing the Housing Benefit claim made by

Name _____

Reference Number _____

Details of the registered foster carer

Name: _____

Address: _____

DOB: _____

Customer Consent

I understand that I may withdraw my consent to the disclosure of such information.

Signed _____ (customer/partner)

Date _____