

Out-of-Home Care Adoption Allowance (means-tested)

This allowance helps children in care who would benefit from adoption but require ongoing financial support to meet their needs.

It also ensures that the income of carers is not a barrier to adoption for children.

How is the allowance paid?

The allowance is provided at different rates based on a child's support needs.

These rates are standard, +1, and +2.

The allowance is paid fortnightly by the Department of Communities and Justice (DCJ).

The allowance will cease when the child turns 18 or eligibility criteria are no longer met.

Who is eligible?

Eligible adoptive parents are those who:

- Hold an adoption order made in NSW on or after 1 July 2017
- Are residing in NSW
- Are eligible for any amount of Family Tax Benefit Part A in the previous financial year.

How does means-testing happen?

To receive the adoption allowance each year, adoptive parents must meet a means-test of their income.

Adoptive parents must show that they were eligible for, any amount of, Family Tax Benefit Part A (FTBA), in the previous financial year.

Adoptive parents can show their eligibility by providing a summary statement from Centrelink called 'About your Family Tax Benefit'.



For example, an adoption order is made on 1 May 2019. Sally is eligible for FTBA in 2017-18. She receives the adoption allowance from 1 May 2019 to 30 April 2020. To receive the allowance from 1 May 2020 to 30 April 2021, Sally must show that she was eligible for FTBA in 2018-19.

How is the allowance reviewed each year?

Adoptive parents will need to confirm, in writing, that they are eligible for the allowance each year.

Around the anniversary of an adoption order, adoptive parents will receive a letter from DCJ. This letter needs to be returned within 21 days of receipt.

As part of the letter, adoptive parents will need to confirm that they:

- continue to reside in NSW
- agree to inform DCJ if the child leaves their care for more than 21 days
- were eligible for Family Tax Benefit Part A in the previous financial year (and provide documentation from Centrelink)

Adoptive parents who receive a +1 or +2 rate will need to confirm that the child continues to have additional needs (and provide medical or specialist reports).

What if I'm not eligible?

When the adoption order is made: If an adoptive parent is not eligible to receive the allowance, they will receive the (one-off) \$3,000 OOHC Adoption Transition Payment and the \$1500 OOHC Adoption Annual Payment.

Each following year: If an adoptive parent is not eligible to receive the allowance, they will receive the \$1500 OOHC Adoption Annual Payment.

If an adoptive parent who is receiving the allowance stops residing in NSW, the allowance will continue for 12 weeks, then cease.

An adoptive parent who receives payments while ineligible will be asked to repay those payments.

In exceptional circumstances, allowance and contingency payments may be provided. This is subject to out-of-guidelines approval.

More Information

For the current dollar amount of allowance payments, please visit our [website](#).

If you have any questions, please call us from 9am to 5pm on 9716 3003 or email us at OOHC.Adoption-HeadOffice@dcj.nsw.gov.au.

OOHC Adoption Payment Annual Review Report Declaration by Adoptive Parent/s

Name of child or young person:

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Date of birth:/...../.....

Address:

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Ph: Email:

Date of Adoption Order:

Name of adoptive parent/s:

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DECLARATION BY ADOPTIVE PARENT/S

- The child or young person named above resides with **me / us** in NSW.
- **I / We** will advise FACS immediately if the child or young person has left **my / our** full-time care.

Tick only if applicable:

- I / We** were eligible for Family Tax Benefit Part A in the **previous** financial year. A summary statement from Centrelink, 'About your Family Tax Benefit', is attached.

Complete only if you ticked the item above:

- The child or young person was assessed as having additional support needs prior to adoption and an allowance was paid at a +1 or +2 rate. The child or young person continues to have these additional needs. Evidence from a medical practitioner or relevant service provider is attached.
- The information in this application is correct to the best of **my / our** knowledge.

Applicant 1:

Sign:	
Name of Adoptive Parent:	
Date:	

Applicant 2:

Sign:	
Name of Adoptive Parent:	
Date:	