**Family Finding Referral Form**

Child one

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Client ID |  | Date of Birth |  |
| Gender |  | Ethnicity |  |
| Religion |  | Disability |  |

Child two

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Client ID |  | Date of Birth |  |
| Gender |  | Ethnicity |  |
| Religion |  | Disability |  |

Child three

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Client ID |  | Date of Birth |  |
| Gender |  | Ethnicity |  |
| Religion |  | Disability |  |

Please note – One referral to be sent for siblings who are to be placed together, if siblings are to be placed separately referrals are required for each child

|  |  |  |  |
| --- | --- | --- | --- |
| Name and role of person making this referral request |  | Date of referral to Adoption team |  |

|  |  |
| --- | --- |
| Child’s Social Worker |  |
| Team |  |
| Telephone Number (including Mobile) |  |
| Email address |  |
| Team Manager |  |
| Previous or any other Social Worker involved |  |
| Team |  |
| Telephone Number (including Mobile) |  |
| Email address |  |
| Team Manager |  |

|  |  |
| --- | --- |
| Current Foster Carers |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| Local Authority Approved Foster Carer or Independent Fostering Association (include name of IFA) |  |
| Name of Supervising Social Worker |  |
| Contact details of fostering service and SW |  |

|  |  |  |
| --- | --- | --- |
| Date child became looked after |  | |
| Date placed with current foster carer: |  | |
| Legal Status and date |  | |
| Court Timescales  Expected Dates | Completion of CPR |  |
| ADM timescales |  |
| Final Evidence due |  |
| Care Management Hearing |  |
| Issues Resolution Hearing |  |
| Final Hearing |  |

|  |  |
| --- | --- |
| Geography - areas to be avoided |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Name and contact details for any other professionals / agencies involved in the case** (including name and contact details) – e.g., Health, SALT, school, nursery | | |  |  | | --- | --- | | Name |  | | Contact details | |  | | --- | |  | | | |
| |  |  | | --- | --- | | Name |  | | Contact details | |  | | --- | |  | |  |  |  | | --- | --- | | Name |  | | Contact details | |  | | --- | |  | |   **BIRTH FAMILY**   |  |  | | --- | --- | | Birth mother’s name |  | | Address |  | | Contact Details |  | | DOB |  | | Ethnicity |  | | Religion |  | | Disability |  |  |  |  | | --- | --- | | Birth father’s name |  | | Address |  | | Contact Details |  | | DOB |  | | Ethnicity |  | | Religion |  | | Disability |  | | Parental responsibility Y/N |  |  |  |  |  |  | | --- | --- | --- | --- | | Sibling Name |  | Half or full sibling |  | | DOB |  | Maternal or paternal |  | | Care plan status LAC/Adopted/SGO or living with family |  |  |  | | Address |  |  |  | | If adopted, then date of adoption and agency /SW involved |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | Sibling Name |  | Half or full sibling |  | | DOB |  | Maternal or paternal |  | | Care plan status LAC/Adopted/SGO or living with family |  |  |  | | Address |  |  |  | | If adopted, then date of adoption and agency /SW involved |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | Sibling Name |  | Half or full sibling |  | | DOB |  | Maternal or paternal |  | | Care plan status LAC/Adopted/SGO or living with family |  |  |  | | Address |  |  |  | | If adopted, then date of adoption and agency /SW involved |  |  |  |   **Assessments currently taking place** – EG Family and Friends, Sibling assessments, Psychological assessments, parenting assessments   |  |  |  | | --- | --- | --- | | Assessment | Date due | Person completing | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  | | --- | | Briefly describe the reasons for why the Local Authority are involved.  **The child's needs to be considered for matching criteria** | |  |  |  | | --- | |  | |  | |