

This Form is to be returned to:

Lorimer Foster Services
Lorimer House, 2A Carrington Lane
Sale, Manchester
M33 5ND



Referral Form

1. THE ENQUIRY

Date of enquiry:	Time of enquiry:
Name of Referrer:	Contact details of Referrer:
Referring Local Authority:	

2. THE CHILD / YOUNG PERSON:

Full Name:		DOB:
Age:	Gender:	Ethnic Origin:
Place of Birth:	Religion:	Nominal / Practicing *

Legal Status / Orders in Force (Please tick box)

S.20:	<input type="checkbox"/>	S.38 ICO	<input type="checkbox"/>	S.31 CO:	<input type="checkbox"/>
S 34 (4)	<input type="checkbox"/>	EPO:	<input type="checkbox"/>	PPO:	<input type="checkbox"/>
Supervision Order:	<input type="checkbox"/>	Residence Order:	<input type="checkbox"/>	To whom:	

Description of child's / young person's current circumstances:
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Who has Parental responsibility?:

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Where does the child go to school? What are the arrangements for the child to get to school whilst in placement? Is the child statemented?:

Contact - who does the child need to have contact with and what are the proposed contact arrangements?:

Health and Medical Needs:

Significant history of previous placements and reasons why they ended:

Care Plan:

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What other agencies are involved? E.g. CAMHS, Drugs team:

Expected duration of this placement:

3. BEHAVIOUR / RISK ASSESSMENT:

Please give risk rating of 1 - 3 for each Risk Behaviour Category:
1 = Low Risk, 2 = Medium Risk and 3 = High Risk

	Risk Rating	Additional Information
Violent Behaviour towards staff / young people / animals		
Offending		
Damage to Property		
Self Harm / Suicide Attempts		
Use of Drugs / Alcohol / Cigarettes		
Inappropriate Sexual Behaviour		
Absconding		
Fire Raising		
Eating Disorders		
Bullying		
Soiling / Wetting		
History of Allegations		
History of Abuse		
Any other significant issues		

	Requested	Received	Date
E1 1:	<input type="checkbox"/>	<input type="checkbox"/>
E1 2:	<input type="checkbox"/>	<input type="checkbox"/>
PP1:	<input type="checkbox"/>	<input type="checkbox"/>
PP2:	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan:	<input type="checkbox"/>	<input type="checkbox"/>
Initial Assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Core Assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Review Minutes:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of CO/ICO/RO:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of S 34(4):	<input type="checkbox"/>	<input type="checkbox"/>
Educational Statement:	<input type="checkbox"/>	<input type="checkbox"/>

What carers are being considered as possible matches?	Form F Sent
1.	Y / N
2.	Y / N
3.	Y / N
4.	Y / N