**Appendix 1: Family Finding Referral**

MANX CARE FAMILY PLACEMENT SERVICE

REFERRAL OF A CHILD OR YOUNG PERSON FOR PERMANENT PLACEMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICATION FOR LONG TERM FOSTERING OR ADOPTION?** | | | | |
| NAME OF CHILD: | | | DATE OF BIRTH: | |
| RELIGION: | | | HERITAGE: | |
| LEGAL STATUS: | | | NAME OF PERSON WITH PARENTAL RESPONSIBILITY? | |
| DATE OF CARE ORDER: | | |  | |
| **PERMANENCE PLAN** (include details of any decisions from planning meetings, reviews, permanence panel and the reason for the adoption or foster placement.) | | | | |
| SIBLINGS: (include details of the decision making process leading to the placement of siblings) | | | | |
| SEX | D.O.B | CURRENT PLACEMENT | | PLAN |
|  |  |  | |  |
|  |  |  | |  |
|  | | | | |
| PROFILE / PEN PICTURE OF CHILD (include physical description, personality, social and intellectual development)  Please attach a current photograph | | | | |
| PARENTS’ WISHES | | | | |
| CONTACT (present and post placement) | | | | |
| PLACEMENT NEEDS | | | | |
| NATIONALITY: | | | LINGUISTIC BACKGROUND: | |
| CULTURAL BACKGROUND: | | | RACIAL BACKGROUND: | |
| PREFERRED LOCATION: | | | ANY OTHER SPECIFIC NEEDS: | |
| HEALTH ISSUES (include past and present health issues, date of last medical and any comments from the medical advisor) | | | | |
| EDUCATION (comment on any special educational needs) | | | | |

|  |  |
| --- | --- |
| CURRENT ADDRESS OF CHILD:  DATE PLACEMENT BEGAN: | STATUS OF PLACEMENT:  FOSTER HOME: [ ]  RESIDENTIAL HOME: [ ]  OTHER: [ ]  If other, where? |
|  | |
| BIRTH PARENT’S RELATIONSHIP WITH THE CHILD | |
| CHILD’S WISHES (comment upon the child’s wishes regarding the permanence plan. State how these wishes have been ascertained). | |
| OTHER RELEVANT INFORMATION | |
| SOCIAL WORKER: | TEAM MANAGER: |
| NAME: |  |
| ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| E-MAIL: |  |
| SIGNATURE: |  |
| DATE: |  |
| AGREEMENT TO REFERRAL FOR PERMANENT PLACEMENT  MADE BY:  ON (DATE): | |

|  |
| --- |
| A FULL CHRONOLOGY MUST BE INCLUDED WITH THIS FORM |