**Appendix 1: Family Finding Referral**

MANX CARE FAMILY PLACEMENT SERVICE

REFERRAL OF A CHILD OR YOUNG PERSON FOR PERMANENT PLACEMENT

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| **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 |
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| 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) |

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| CURRENT ADDRESS OF CHILD:DATE PLACEMENT BEGAN:  | STATUS OF PLACEMENT:FOSTER HOME: [ ]RESIDENTIAL HOME: [ ]OTHER: [ ]If other, where? |
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| 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): |

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| A FULL CHRONOLOGY MUST BE INCLUDED WITH THIS FORM |