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**FORM B**

**For Children and Young People with Disabilities, with EHCP and Special Needs**

**Directors Resource and Professional Decisions Panel**

**Booking Form**

Has your form been agreed and signed by Team and Service Manager?

Have you consulted with health and education partners and included their comments?

Have you included a genogram

**Section A**

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| **Once booking form is complete please email to Lynne Andrews along with supporting documents as you have indicated above.****Any queries relating to booking a slot onto panel please contact Lynne Andrews on Ext. 8379.**  |
| Date of Panel  | Click here to enter text. | Agreed Outside Panel | Yes [ ] Date: |
| LCS Number | Click here to enter text. |
| Name of child or young person | Click here to enter text. | SDQ Score (where child already in care) | Click here to enter text. |
| Gender Male/Female |  |
| Nationality & Ethnicity | Click here to enter text. |
| Date of Birth and Age  | Click here to enter text. |
| Parents Name, Date of Birth and PR  | Click here to enter text. |
| Social WorkerTeam ManagerService ManagerIRO | Click here to enter text. |
| Team  | Click here to enter text. |
| Current Placement (type and address) | Click here to enter text. |
| Current status of child |  |
| Current cost of Placement  | Click here to enter text. |
| Is joint or tri-partite funding already in place?  | Click here to enter text. |

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| Current Status of Care  | [ ]  Section 17 [ ]  Section 31 [ ]  CIN[ ]  Section 20 (Reg48) [ ]  EPO [ ]  ICO[ ]  Section 20 [ ]  CP [ ]  CO |
| Request Type | [ ]  New or [ ]  Change of Package[ ]  Review |

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| Has any transition to adults been planned? | Click here to enter text. |
| Details of Request to attend Panel | Admissions to Care s.20/s.31/EPO [ ] Retrospective agreement for all emergency admissions [ ] Support Packages over £500 [ ] Specialist commissioned assessment [ ] Placement moves [ ] Permission for LPM [ ] Permission to issue legal proceedings [ ] Family Care allowances e.g. SGO [ ] Adoption allowance [ ] Change of Care Package [ ] Placement rated Inadequate [ ] Other Click here to enter text. [ ]    |

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| Date Last Single Assessment was completed | Click here to enter text. |
| Date of Last CIN/CP/LAC Plan | Click here to enter text. |
| Date of Last CIN/CP/LAC Meeting | Click here to enter text. |
| Provide Genogram (Tick Attached) |  |
| What other reasons have been considered and exhausted? |  |

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| What are you asking panel for? Include timescales and costs | Click here to enter text. |
| What is your reason for request? Outline any strategy and risks | Click here to enter text. |
| Does the child or young person have any significant health needs? | Yes [ ] No [ ]  |
| Details of any health needs or disability | Click here to enter text. |
| When was the most recent EHCP?  | Click here to enter text. |
| Date when most recent EHP |  |
| Date of Continuing Health Care Checklist and Outcome | Click here to enter text. | CHC Package | Click here to enter text. |
| Timescales higher  | Click here to enter text. |
| Timescale for when provision is needed? | Click here to enter text. |
| Has there been a FGC?If not, why not considered? | Click here to enter text. |
| Date planned for FGC | Click here to enter text. |

**Section B**

**Current Package**

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| **Current** Short Breaks Package and Costing. Please use one line for each provision. e.g.Fostering/Residential OvernightsPA SupportPersonal CareCommunity Support  |

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| **Provision** | **Frequency** | **Duration** | **Rate** | **Total** |
| e.g. fostering overnight | 1 x month | 2 nights | £365 | £8,760 |
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| **Total** |  |  |  |  |

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| **Current** Direct Payments Provision:WeekdayWeekendOvernight (10pm-8am)Specify if:Term time52 weeksHoliday |

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| **Provision** | **Frequency** | **Duration** | **Rate** | **Total** |
| e.g. Weekday – Term time | 2 x week | 2 hrs | £10.60 | £1,653.60 |
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| **Total** |  |  |  |  |

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| **Current** Access to Short Break Programme  |

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| Provision/Activity | Frequency | Duration |
| e.g. Saturday Club | 1 x fortnight | 4hrs |
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| Request - Continuation of **Current** Package | Yes [ ] No [ ]  |
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| **New/Additional Package Request** |
| **New**/**Additional** RequestPlease use one line for each provision. e.g.Fostering/Residential OvernightsPA SupportPersonal CareCommunity Support |

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| **Provision** | **Frequency** | **Duration** | **Rate** | **Total** |
| e.g. Residential overnight | 1 x month | 1 nights | £469 | £5,628 |
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| **Total** |  |  |  |  |

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| New/Additional Direct Payments Provision:WeekdayWeekendOvernight (10pm-8am)Specify if:Term time52 weeksHoliday |

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| **Provision** | **Frequency** | **Duration** | **Rate** | **Total** |
| e.g. Weekday – 52 Wks | 2 x week | 2 hrs | £10.60 | £2,204.80 |
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| **Total** |  |  |  |  |

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**Section C**

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| What is the view of childor young person?  | Click here to enter text. |
| What is the view of other Agencies? | Click here to enter text. |
| What is the view of any involved IRO? | Click here to enter text. |
| **Tell us about proposed outcomes or expected impact?**must be a clear outcome focused assessment of need and plan and evidence of how proposed placement will meet needs. | Click here to enter text. |
| What are the Team Manager’s Comments | Click here to enter text. |
| Date signed by Team Manager? | Click here to enter text. |
| What are the Service Manager Comments? | Is this a Complex Case? Yes [ ]  No [ ] **(requiring partner contribution to funding)**Is this an SGO funding application? Yes [ ]  No [ ]  |
| Date signed by Service Manager  | Click here to enter text. |
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| **Panel Administrator use only** |  |
| Panel Decisions*. Include legal threshold where appropriate* | Click here to enter text. |
| Panel MembersDate of Panel: | Click here to enter text. |
| Case Presented By | Click here to enter text. |
| Director’s Signature & Date | Click here to enter text. |