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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 Worker  Team Manager  Service Manager  IRO | 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  Overnights  PA Support  Personal Care  Community Support | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Provision** | **Frequency** | **Duration** | **Rate** | **Total** | | e.g. fostering overnight | 1 x month | 2 nights | £365 | £8,760 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Total** |  |  |  |  | |
| **Current** Direct Payments  Provision:  Weekday  Weekend  Overnight (10pm-8am)  Specify if:  Term time  52 weeks  Holiday | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Provision** | **Frequency** | **Duration** | **Rate** | **Total** | | e.g. Weekday – Term time | 2 x week | 2 hrs | £10.60 | £1,653.60 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Total** |  |  |  |  | |
| **Current** Access to Short Break Programme | |  |  |  | | --- | --- | --- | | Provision/Activity | Frequency | Duration | | e.g. Saturday Club | 1 x fortnight | 4hrs | |  |  |  | |  |  |  | |  |  |  | |
| Request - Continuation of **Current** Package | Yes  No |
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| **New/Additional Package Request** | |
| **New**/**Additional** Request  Please use one line for each provision. e.g.  Fostering/Residential  Overnights  PA Support  Personal Care  Community Support | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Provision** | **Frequency** | **Duration** | **Rate** | **Total** | | e.g. Residential overnight | 1 x month | 1 nights | £469 | £5,628 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Total** |  |  |  |  | |
| New/Additional Direct Payments  Provision:  Weekday  Weekend  Overnight (10pm-8am)  Specify if:  Term time  52 weeks  Holiday | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Provision** | **Frequency** | **Duration** | **Rate** | **Total** | | e.g. Weekday – 52 Wks | 2 x week | 2 hrs | £10.60 | £2,204.80 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Total** |  |  |  |  | |

**Section C**

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| What is the view of child  or 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. | |
|  |  | |
| **Panel Administrator use only** | |  |
| Panel Decisions*. Include legal threshold where appropriate* | Click here to enter text. | |
| Panel Members  Date of Panel: | Click here to enter text. | |
| Case Presented By | Click here to enter text. | |
| Director’s Signature & Date | Click here to enter text. | |