**REQUEST FOR SECTION 20**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| DOB: |  | |
| N Number |  | |
| Siblings & DOB |  | |
| Mother |  | |
| Father |  | |
| Step-Parent/partner |  | |
| Extended Family Members – Maternal |  | |
| Extended Family Members - Paternal |  | |
| Reason for Request | | |
|  | | |
| Are there any safeguarding concerns | | |
|  | | |
| History of Involvement/support | | |
|  | | |
| Have referrals been made to Action For Children/Targeted Support Services/CAMH’s etc. | | |
|  | | |
| Has a family Network Meeting taken place and if not why? | |  |
| Date of Family Network Meeting | |  |
| Family Network Support Plan | | |
|  | | |
| Have all extended family member and connected persons been spoken to by the social worker – give details | | |
|  | | |
| **OPTIONS ANALYSIS: (what options have been considered), eg - staying with parents, extended family, connected person. Please add why this is not appropriate/suitable)** | | |
| Length of placement and anticipated outcomes including exit plan | | |
|  | | |
| **Team Manager comments** | | |
| **Service Manager comments:** | | |
| Social Worker Name:  Team: | | |
| Team Manager: | | |
| Service Manager: | | |
| Date of request: | | |