**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:  |