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| *Please fill in the relevant sections* |

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| **Consent** | |
| Has the family given consent to transfer the case? | Yes / No |

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| **Agencies involved** | |
| Name of agency instigating transfer |  |
| Name of the person supporting the family  *(in the transferring agency)* |  |
| Contact details for person supporting the family  *(in the transferring agency)* | E-mail:  Phone number: |
| Name of the agency the support will transfer to |  |
| Name of the agency who approved the adopters |  |
| If the approving agency was a Voluntary Adoption Agency, what is their current role in supporting the family? |  |
| Name of the person supporting the family  *(in the approving agency, if a VAA)* |  |
| Contact details of the person supporting the family *(in the approving agency, if a VAA)* | E-mail:  Phone number: |

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| **Core Information – Child/Young Person** | |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Religion |  |
| NHS Number (If known) |  |

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| **Adoption Order** | | | |
| Name of the Placing Authority? |  | | |
| Date of Adoption Order |  | Date of Placement |  |
| Name of the Court |  | | |

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| **Core Information – Adoptive Parent** | |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
| e-mail address |  |
| Telephone Number |  |
| Home address |  |
| **Core Information – Adoptive Parent** | |
| Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Ethnic Origin |  |
| Relationship to the child/young person |  |
| e-mail address |  |
| Telephone number |  |
| Home address *(if different from above)* |  |

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| **Other Family/Household Members (living in the same household)** | | | |
| Name | Date of Birth | Gender | Relationship to the above Child/Young Person |
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| **Contact consent** | |
| Has the family given consent to be added on the mailing list of the new agency?  *(If so, a separate written form is required)* |  |
| e-mail address (to be added on the mailing list): |  |

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| **Communication Needs** (including language/literacy) regarding any of the people to be included in this plan |  |

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| **Arrangements to maintain relationships with birth family and other significant people**  ***Please give information of all arrangements.***  *The placing authority continues to be responsible for managing and supporting the arrangements to maintain relationships between the child and the birth family, irrespective of where the adoptive family lives, as well as for any changes to those arrangements over time.* | | |
| Overview of the arrangements  *Type (letterbox, direct contact etc.) and frequency / time)* |  | |
| Name of the co-ordinator |  | |
| E-mail (co-ordinator) |  | |
| Telephone number (co-ordinator) |  |  |

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| **Identity – Child’s Needs** | |
| Has the Life Story Book been shared with the child / family |  |
| Has the later life letter been shared with the family? |  |

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| **Professional Relationships & Organisations involved** (current and/or significant previous involvements.  *(Please list all significant professionals involved in the child’s/young person’s life (social worker, school, health etc.)* | | | | | |
| **Name & Designation/ Name of the organisation** | **Address** | **E-mail Address** | **Telephone Number** | **Date when involvement started** | **Date when involvement ended** |
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| **Adoption Support Assessment** | |
| Date of most recent Adoption Support Assessment / Review *(must be within 3 months)* |  |
| Attach/embed a copy of the Adoption Support Plan and assessment here. |  |

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| **Education** | |
| Name of the school |  |
| Named contact at school (if applicable) |  |
| Contact details to the named contact (if applicable) |  |
| Does the child have specific education related needs? *(Please, provide details)* |  |
| Does the child have an EHCP in place? |  |
| Copy of the latest EHCP *(if available)* |  |
| When will the EHCP be reviewed? |  |
| Name of the contact / officer for EHCP? |  |
| e-mail address for the EHCP contact? |  |
| Telephone number for the EHCP contact? |  |

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| **Health** | |
| Does the child have any specific health needs? |  |
| Is there a plan in place to address the health needs? |  |
| Organisation/s responsible for the provision of the support for the health needs? |  |
| Named contact/s |  |
| e-mail address/s |  |
| Telephone number/s |  |

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| **Current Support** | |
| Description of support  *(What is provided and to whom? What are the expected outcomes of this support? Are there any outcome measures that are being used?)* |  |
| Current Provider/s |  |
| Named contact at the provider/s |  |
| e-mail address for the current provider |  |
| Telephone number for the current provider/s |  |
| When is the next review point for the support plan? |  |

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| **Adoption Support Fund** | |
| Details of application/s to the Adoption Support Fund (ASF) in the current financial year? – *Provide start date, review date, end date, type of service, provider & amount agreed (ASF number and child’s case record number)* |  |
| Attach ASF approval letter |  |
| Attach the last ASF Services Review |  |
| Have any Specialist Assessments been completed for the child / family? (Please attach copies of the assessment) |  |
| How much of the current FAL (*fair access limit*) for this child has been used? |  |
| Details of any current match funding arrangement. Provide name of the local authorities / health commissioners, named contact and contact details (e-mail / phone number) |  |
| Brief overview of the ASF handover arrangements. |  |

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| **Financial Support (specify if this support is for parent/ child) – one-off / on-going support** | |
| Details of any ongoing financial allowance or support for which the placing authority will maintain responsibility?  *(Adoption Support Regulation 8)* |  |
| Any other finances that the family receive from the LA *(Adoption Support Regulation 8)* |  |

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| **Documents required for transfer in (where applicable):** | |
| **Mandatory Documents** | |
| Child/ren’s Permanence Report at the time of placement |  |
| Original Adoption Placement Report (APR) |  |
| Most recent completed assessment of need report. |  |
| Most recent adoption support review (must be within 3 months). |  |
| Information sharing agreement / letter of consent from the adopters |  |
| **Discretionary Documents (if appropriate / available)** | |
| Copy of EHCP |  |
| Original Adoption Support Plan |  |
| PAR if appropriate / available |  |
| Later Life Letter (if available |  |
| Life Story Work |  |
| Any other assessment of child/ren within the family that is relevant |  |

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| **Details of person completing this form:** | |
| Name |  |
| Position |  |
| Date |  |

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| **Action Log** | | | |
| **Discussion** | **Action** | **By Whom** | **By When** |
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| **Details of the Transfer Arrangements** | |
| Date of the transfer meeting? |  |
| Date when the transfer of responsibility of the provision of adoption support take place? |  |
| Summary of the transfer arrangement. |  |