



## Referral Form

*This should be completed by the referring agency in conjunction with the family if possible*

Referred By	<input type="text"/>	On date	<input type="text"/>
Designation	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>		
Placement required from	<input type="text"/>		

## Family Composition

Family Surname	<input type="text"/>
Address	<input type="text"/>

	Name	DOB	Relationship
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any cultural/religious needs for this family which Serendipity needs to be aware of?

## Legal Conditions

*Please give details on legal status of the child/children (eg. Statutory Orders, EPO's, Court Hearing already established, CPR placed)*

## Significant Others

Name, Address, Telephone No. of Local Authority Solicitor

Name, Address, Telephone No. of Children's Guardian

Details of Child/Children's Current Care Arrangements

Details of Other Agencies Involved with the Family

Does any Family Member have a Criminal Conviction or Other Risk Factors? *If yes, please provide details*

What are the Family's Current Housing Circumstances?

What are the Plans for the Family's Housing at the end of the Placement?

What are the Family's Thoughts & Feelings About the Placement?

## Documents/Information Required

---

In order to assess the family's needs, copies of the following are required:

- All previous assessment reports
- Copies of any previous psychological / psychiatric / specialist reports
- Copies of Case Conference minutes
- Copies of any Court Orders / Court statements
- Copies of Local Authority Care Plan for each child

## Background information

---

Include details of reasons for referral, any concerns and specific issues you wish the assessment to pay particular attention to, the main strengths of the family, previous placements including respite, contact arrangements (please continue on a separate sheet)

Printed name of referrer

Signed name of referrer

Date

# Invoicing Information

---

Relating to Family Name

Please give details of where invoice for the placement should be sent. Where there is more than one party funding the placement give details of all parties concerned on a separate sheet.

Name

Address

Telephone

# Financial Agreement

---

I accept that my department accepts full financial responsibility for this placement including any increase in fees due to amendments of the care plan or where the care plan for the family overlaps any increases to charges during the financial year. I understand that we will be informed about proposed increases four weeks in advance.

I understand that, although the placement may be jointly funded with other parties, **my department will be required to pay the fees in full as per fortnightly invoices**. I understand that Serendipity will not issue separate invoices for proportions of weekly fees and therefore that local arrangements will need to be made for my department to recoup monies from other parties committed to any joint funding arrangements.

Signed *Local Authority/Lead Solicitor*

Address

Date