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**LANCASHIRE CAF CLOSURE REQUEST FORM**

**Section 1: Details of Child/Young Person**

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| --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Alias** | **DOB/****EDD** | **Gender (M/F)** | **CAF URN** |
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**Section 2: Details of the person completing the CAF Closure Request Form**

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| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Role** |  | **Tel** |  |
| **Agency** |  | **Email** |  |

**Section 3: Closure details**

|  |  |
| --- | --- |
| **Closure Date:** |  |
| **Are you the Lead Professional?** | **[ ]  Y****[ ]  N** |
| **If not, please state your role in the CAF process:** |
|  |
| **Has a home visit been completed prior to closure?** | **[ ]  Y****[ ]  N** |
| **If yes, please provide the date of the last home visit:** |  |
| **If not, what was the date of the last home visit completed?** |  |
| **Date final STAR has been completed** |  |

**Please tick the reason for closure and then identify all unmet needs and risks, providing evidence how these have been addressed within the closure summary**

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| **[ ]  Plan Completed**  |
| **Please evidence (ensure you highlight where you have signposted to other agencies and/or where the child/family continue to access ongoing support via other agencies):** |
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| **[ ]  Step Up to Children's Social Care (Referral has been accepted)** |
| **Name of allocated Social Worker:** |  |
| **Please evidence reason for step up to Children's Social Care:** |
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| --- |
| **[ ]  Consent Withdrawn Please confirm:** |
| **The case stepped up to Children's Social Care as a result of withdrawn consent** | **[ ]  Y****[ ]  N** |
| **The case stepped down (signposted to other agencies) as a result of withdrawn consent** | **[ ]  Y****[ ]  N** |

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| --- |
| **[ ]  Moved out of Area** |
| **Have the relevant professionals in the new area been notified that there is a CAF in place for this child/young person?** | **[ ]  Y****[ ]  N** |
| **Please Evidence** |
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| --- | --- |
| **[ ]  Child Death** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Professional Signature** |  | **Date** |  |
| **(LP) Managers Signature** |  | **Date** |  |
| **Parent/Carer/Young Person signature** |  | **Date** |  |

**Please send your completed form to** **caf@lancashire.gov.uk** **if you wish to encrypt your email and are unsure about this process please contact 01772 535636 or email** **caf@lancashire.gov.uk** **for advice**