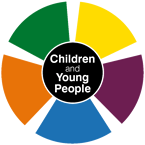
**[](http://www.lancashirechildrenstrust.org.uk/)[](http://lccintranet/)**

**LANCASHIRE CAF CLOSURE REQUEST FORM**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Alias** | **DOB/**  **EDD** | **Gender (M/F)** | **CAF URN** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 2: Details of the person completing the CAF Closure Request Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |
| --- |
| **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):** |
|  |

|  |  |
| --- | --- |
| **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:** | |
|  | |

|  |  |
| --- | --- |
| **Consent Withdrawn Please confirm:** | |
| **The case stepped up to Children's Social Care as a result of withdrawn consent** | **Y**  **N** |
| **The case stepped down (signposted to other agencies) as a result of withdrawn consent** | **Y**  **N** |

|  |  |
| --- | --- |
| **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** | |
|  | |

|  |  |
| --- | --- |
| **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**](mailto: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**](mailto:caf@lancashire.gov.uk) **for advice**