

## CAF INFORMATION SHEET (INCLUDING REFERRALS RECEIVED BY CSC AND STEP DOWN FROM CIN TO CAF)

Date Case Stepped Down from CIN to CAF	Date of Referral to CSC. Name of SW/professional involved including phone number and email address	Child's Name & ICS number	D.O.B	Address	Parent/Carers Name and contact details	Details of Professionals currently working with the family including School/Nursery attended	Identified Lead Professional; contact details and date of TAC meeting if known	Assessment information including identified needs and information to support the CAF

**NB: Please return this form to the CAF team to action. email: [CAF.Team@Rochdale.gov.uk](mailto:CAF.Team@Rochdale.gov.uk)**