

JOINT RESOURCES ALLOCATION PANEL

JRAP REFERRAL FORM (2)

Child / Young Person's Details

Forename	Surname	Date of Birth

Provide confirmation of assessments undertaken by each agency to inform the decision to propose this placement

Social Care

Assessment Type	Date of Completion	Has it been submitted with the referral?			
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Primary needs (specifically relating to Social Care)

Please Select

Education

Assessment Type	Date of Completion	Has it been submitted with the referral?			
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Primary needs (specifically relating to Education)

Please Select

Health

Assessment Type	Date of Completion	Has it been submitted with the referral?			
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>
		Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Primary needs (specifically relating to Health)

Please Select

Previous placements

Please describe any previous placements or significant interventions that have been tried and the impact of these

Mental Capacity

If over 16, does the young person have capacity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If the young person does not have capacity, has a best interests meeting been convened and a decision been made?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Proposed placement

Please give details of provider, name of placement, type of placement. Provide information as to why this placement has been chosen and how it meets the young persons identified needs

Desired Outcomes

Please describe outcomes, timeframes for these to be achieved and by whom

Total weekly cost of placement/provision and breakdown of cost for each agency and any additional costs (e.g. transport, additional support, 1:1)

MAIN PLACEMENT

Number of Weeks

Weekly Fee

Social Care Weekly Fee

Health Weekly Fee

Education Weekly Fee

Annual Cost

*Additional Costs e.g. 01.09.2015 - 30.06.2016
Mileage – 200 miles @ 0.45p per mile*

Social Care %

Health %

Education %

ADDITIONAL WEEKS

<i>Number of Weeks</i>	<i>Annual Cost</i>
<i>Weekly Fee</i>	<i>Additional Costs e.g. 01.09.2015 - 30.06.2016</i> <i>Mileage – 200 miles @ 0.45p per mile</i>
<i>Social Care Weekly Fee</i>	<i>Social Care %</i>
<i>Health Weekly Fee</i>	<i>Health %</i>
<i>Education Weekly Fee</i>	<i>Education %</i>

ADDITIONAL WEEKS /COSTS

<i>Number of Weeks</i>	<i>Annual Cost</i>
<i>Weekly Fee</i>	<i>Additional Costs e.g. One-off Assessment Fee</i> <i>£1500</i>
<i>Social Care Weekly Fee</i>	<i>Social Care %</i>
<i>Health Weekly Fee</i>	<i>Health %</i>
<i>Education Weekly Fee</i>	<i>Education %:</i>

Supporting evidence

Provide confirmation that the respective Health, Education and SCS agency panels have approved the placement and funding required

Health

<i>Panel Name</i>	<i>Date of panel</i>	<i>Approved by: Name and Title</i>	<i>Date of agreement</i>

Education

<i>Panel Name</i>	<i>Date of panel</i>	<i>Approved by: Name and Title</i>	<i>Date of agreement</i>

Social Care

<i>Panel Name</i>	<i>Date of panel</i>	<i>Approved by: Name and Title</i>	<i>Date of agreement</i>

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