**Children’s Services**

**Checklist for Care Leavers**

**Young person’s name:** Click or tap here to enter text.

**Date of birth:** Click or tap here to enter text.

**MOSAIC number:** Click or tap here to enter text.

**Team Manager:** Click or tap here to enter text.

**QARO:** Click or tap here to enter text.

**Other named professionals:**Click or tap here to enter text.

|  |  |
| --- | --- |
| **Tasks to be completed**  | **Date completed** |
| Pathway plan up to date as of final Child in Care review | Click or tap here to enter text. |
| Updated summary including relevant past and current risks (dated within the last month) | Click or tap here to enter text. |
| MOSAIC record updated:Updated Chronology All stat visits recordedNational insurance number recordedPassport number recordedChild in care episode ended All workflow is completed and either transferred or closed down | Click or tap here to enter text. |
| Accommodation plans post 18:Staying put (foster care/IFA), supported housing, supported lodgings, independent living, continuation of placement, etcDate housing register application completed: | Click or tap here to enter text. |
| Date referral made to Transitions Team for Care Act Assessment if appropriate:Name of allocated Adult Worker: | Click or tap here to enter text.  |
| Education Employment and Training plans post 18:College / University aspirations / work / apprenticeship / trainingDate of last EHCP review: | Click or tap here to enter text. |
| Identity documents held/applied for: Birth certificatePassportDriving licenceNational citizen cardBank account | Click or tap here to enter text. |
| Any restrictions in place (injunction/ restraining order etc) | Click or tap here to enter text. |

**Social Worker:** Click or tap here to enter text.

**Signed:** Click or tap here to enter text.

**Dated:** Click or tap here to enter text.

**Personal Adviser:** Click or tap here to enter text.

**Signed:** Click or tap here to enter text.

**Dated:** Click or tap here to enter text.