RIC 5B

Social Work Department

Strathclyde Regional Council

Discharge Form

FOR CHILD IN CARE

NOTE—THIS FORM IS NOT TO BE COMPLETED FOR CHILDREN WHOSE ONLY STATUTE IS SECTION 44(1)(A)—HOME SUPERVISION—SOCIAL WORK (SCOTLAND) ACT 1968 OR SECTION 12 MATRIMONIAL PROCEEDINGS ACT 1958.

A

AREA TEAM

UNIQUE NUMBER OF CHILD

NAME OF CHILD

DATE OF BIRTH	0 9	0 2	7 6
DATE OF DISCHARGE	1 0	0 1	9 2
DATE ADMITTED TO PRESENT PLACEMENT	1 9	1 2	9 0
DATE ADMITTED TO PRESENT PERIOD OF CARE	0 1	1 1	9 0

SEX ☒ Male ☐ Female

B ACCOMMODATION

Please give Name and Address of Placement and tick the appropriate box.

PLACEMENT DISCHARGED FROM

FOSTERING WITH RELATIVES
- ☐ Temporary
- ☐ Permanent

FOSTERING UNRELATED
- ☐ Temporary
- ☐ Permanent
- ☐ COMMUNITY PARENTS

CHILDREN'S HOME
- ☐ Local Authority
- ☐ Voluntary
- ☒ LIST 'D'
- ☐ SECURE ACCOMMODATION
- ☐ LIST 'G'
- ☐ ASSESSMENT CENTRE
- ☐ HOSPITAL
- ☐ SUPPORTED LODGINGS, ILU, etc.
- ☐ OTHER (PLEASE SPECIFY)

C REASON FOR DISCHARGE

- ☐ Care taken over by parent or guardian
- ☐ Adopted
- ☐ Reached appropriate age
- ☐ Death
- ☒ Decision of hearing
- ☐ Other (specify)

D TICK TYPE OF ACCOMMODATION BEING DISCHARGED TO

- ☐ Supported Accommodation (Incl. ILU)
- ☐ Hostel
- ☐ Parental Home
- ☐ Relatives Home
- ☐ Flat/Bedsit/Digs
- ☐ Living in at Work
- ☐ Unknown
- ☐ Homeless Accommodation including Bed and Breakfast
- ☐ Other (Please, specify)

E LEGISLATION DISCHARGED UNDER

	Main	Secondary
01 Section 15 Social Work (Scotland) Act 1968		
02 Section 16 Social Work (Scotland) Act 1968		
03 Section 37 Social Work (Scotland) Act 1968		
04 Section 40 Social Work (Scotland) Act 1968		
05 Section 44(1)(a) Social Work (Scotland) Act 1968 with Condition of Residence	✓	
06 Section 44(1)(a) Social Work (Scotland) Act 1968 Home Supervision		
07 Section 44(1)(b) Social Work (Scotland) Act 1968		
08 Section 58(a) Social Work (Scotland) Act 1968 (as amended by HASSASSA Act 1983 Sec 8(4))		
09 Section 42(3) Social Work (Scotland) Act 1968		
10 Section 43(4) Social Work (Scotland) Act 1968		
11 Section 198/296(3)—Criminal Procedures (Scotland) Act 1975 + 406		
12 Section 323 Criminal Procedures (Scotland) Act 1975		
13 Section 206/413 Criminal Procedures (Scotland) Act 1975		
14 Section 12(5) Foster Children (Scotland) Act 1984		
15 Section 26(1)(b) Adoption Act 1978		
16 Section 10 Matrimonial Proceedings (Children) Act 1958		
17 Section 12 Matrimonial Proceedings (Children) Act 1958		
18 Section 7 Children Act 1958		
19 Section 11(1)(b) Guardianship Act 1973		
20 Section 24 Social Work (Scotland) Act 1968		
21 Other (Please Specify)		

F To DISTRICT OFFICE IS FINANCIAL PAYMENT INVOLVED? YES/NO.

If YES—(See Sect. B for details)

ANY SPECIAL INSTRUCTIONS

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H SIGNATURES

Signed

Designation

Area Office Date

Countersigned Admin

STRATHCLYDE REGIONAL COUNCIL

SOCIAL WORK DEPARTMENT

PARENTAL CONTRIBUTIONS ASSESSMENT FORM

NOTE: NO ASSESSMENT IS REQUIRED WHERE THE FATHER IS UNEMPLOYED OR IF SUPPLEMENTARY BENEFITS ARE BEING PAID

---

1. Name of Child:

2. Date Received into Care:

3. Admitted To:

4. *Father/Guardian's Name: [redacted]

Mother's Name:

5. Occupation: [redacted]

6. Address:

7. Details of Gross Income of Working Parent: £ [redacted] per week [redacted]

8. Payslips Available? YES/NO*

If YES, give dates which confirm Gross Income:

If NO, do the earnings appear reasonable? YES/NO*

9. Is this the first child received into care from this family? YES/NO*

If NO, give details:

10. Certification:

The information given above is correct to the best of my knowledge and belief.

(Signed) [redacted] Social Worker

Agreed (Signed) [redacted] Area Officer

FOR ADMINISTRATIVE USE ONLY:

1. Date Received:
2. Assessment Calculation:

5% of £ ((8) above) = p.w.
2½% of £ ((8) above) = p.w. *

Total

3. Assessed at £ . per week (N.B. Max. is £30.00 per week)
4. EFFECTIVE FROM: _____
5. Social Worker Notified:

Completed By (Signed).....

Checked By (Signed).....

Date .....

* Delete as necessary

	FIRST CHILD		SECOND CHILD		THIRD CHILD	

19 EMPLOYMENT SITUATION

(What was the employment situation of the carer(s) when the child(ren) were received into care)?

	Male	Female	Male	Female	Male	Female
01 Full Time Education/Training						
02 Employed Full Time						
03 Self Employed						
04 Employed Part Time						
05 Retired						
06 M.S.C. Employee						
07 Registered Unemployed 0-11 months						
08 Registered Unemployed 12 months and over						
09 Unregistered Unemployed Incl. Housewife						
10 Other						
11 Not Known						

20 SOURCE OF INCOME

(Indicate if the carer(s) are in receipt of any of the following at the time of reception into care)

	Main Form of Income	Secondary	Main Form of Income	Secondary	Main Form of Income	Secondary
01 Income from work						
02 Unemployment Benefit						
03 Supplementary Benefit						
04 Non Contributory Invalidity Benefit						
05 Sickness & Invalidity Benefit, Industrial Injury Benefit						
06 Widows Pension						
07 Family Income Supplement						
08 Grant						
09 Retirement Pension						
10 Unified Housing Benefit						
13 Maintenance						
11 Other (Specify)						
12 None						

21 FOR SECTION 15 ONLY

I.....

being the Father/Mother/Legal Guardian/Person having charge of the child(ren) named in Section 2 wish Strathclyde Regional Council Social Work Department to care for the said child/ren in accordance with the provisions of the Social Work (Scotland) Act, 1968, and that the content of the leaflet "Your Child in Our Care" has been explained to me by Strathclyde Regional Council Social Work Department.

Signed .....

Date .....

(Father/Mother/Legal Guardian/Person having charge of the child named in Section 2).

Other carers signature where appropriate.

Signed .....

Date .....

22 FOR ALL CHILDREN

Where appropriate

I [redacted]

being the Father/Mother/Legal Guardian/Person having charge of the child(ren) named in this form agree that the particulars given are correct to the best of my knowledge and that the content of the leaflet "Your Child in Our Care" has been explained to me by Strathclyde Regional Council Social Work Department.

Signed [redacted]

Date 11-10-90

Other Carers signature where appropriate.

Signed .....

Date .....

23 FOR SOCIAL WORK USE

Date of Application.....

Social Worker Signature.....

.....

Date .....

Senior Social Worker Signature.....

.....

Date .....

Both Social Worker and Senior Social Worker must sign this form.

	FIRST CHILD		SECOND CHILD		THIRD CHILD	

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(What was the employment situation of the carer(s) when the child(ren) were received into care)?

	Male	Female	Male	Female	Male	Female
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Date .....

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Where appropriate

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Signed [redacted]

Date 11-10-96

Other Carers signature where appropriate.

Signed .....

Date .....

23 FOR SOCIAL WORK USE

Date of Application.....

Social Worker Signature.....

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Date .....

Senior Social Worker Signature.....

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Date .....

Both Social Worker and Senior Social Worker must sign this form.

	FIRST CHILD		SECOND CHILD		THIRD CHILD	

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Signed .....

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(Father/Mother/Legal Guardian/Person having charge of the child named in Section 2).

Other carers signature where appropriate.

Signed .....

Date .....

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Where appropriate

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Signed [redacted]

Date [redacted]

Other Carers signature where appropriate.

Signed .....

Date .....

23 FOR SOCIAL WORK USE

Date of Application.....

Social Worker Signature.....

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Date .....

Senior Social Worker Signature.....

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Both Social Worker and Senior Social Worker must sign this form.

	FIRST CHILD		SECOND CHILD		THIRD CHILD	

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Signed .....

Date .....

(Father/Mother/Legal Guardian/Person having charge of the child named in Section 2).

Other carers signature where appropriate.

Signed .....

Date .....

22 FOR ALL CHILDREN

Where appropriate

I. [redacted] .....

being the Father/Mother/Legal Guardian/Person having charge of the child(ren) named in this form agree that the particulars given are correct to the best of my knowledge and that the content of the leaflet "Your Child in Our Care" has been explained to me by Strathclyde Regional Council Social Work Department.

Signed [redacted] .....

Date .....

Other Carers signature where appropriate.

Signed .....

Date .....

23 FOR SOCIAL WORK USE

Date of Application.....

Social Worker Signature.....

.....

Date .....

Senior Social Worker Signature.....

.....

Date .....

Both Social Worker and Senior Social Worker must sign this form.

Financial Instructions

DISTRICT

	FIRST	SECOND	THIRD

24 NOTIFICATION TO COMMENCE PAYMENT TO FOSTER PARENT

Name of Foster Parents

Address			
Name(s) of Child(ren)			
Date of Birth			
DATE PAYMENTS TO COMMENCE			
Any Special Instructions			

25 ADMISSION TO VOLUNTARY HOME, LIST D, LIST G ETC.

Name of Establishment			
Name(s) of Child(ren)			
Date Child(ren) Admitted			
DATE PAYMENT OF ACCOUNT TO COMMENCE			

26 NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
R.I.C.6	Health Board		
R.I.C.6	Education		
R.I.C.7-8	4-Week Medical		
	Finance		
C.H.193	D.H.S.S.		

27 SIGNATURE

Admin

Financial Instructions

CASE FILE

	FIRST	SECOND	THIRD

24 NOTIFICATION TO COMMENCE PAYMENT TO FOSTER PARENT

Name of Foster Parents

Address			
Name(s) of Child(ren)			
Date of Birth			
DATE PAYMENTS TO COMMENCE			
Any Special Instructions			

25 ADMISSION TO VOLUNTARY HOME, LIST D, LIST G ETC.

Name of Establishment			
Name(s) of Child(ren)			
Date Child(ren) Admitted			
DATE PAYMENT OF ACCOUNT TO COMMENCE			

26 NOTIFICATIONS

Form No.	Area/Agency	Date Sent	Init.
R.I.C.6	Other Area/Region		
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R.I.C.6	Education		
R.I.C.7-8	4-Week Medical		
	Finance		
C.H.193	D.H.S.S.		

27 SIGNATURE

Admin

	FIRST CHILD	SECOND CHILD	THIRD CHILD

12 NAMES AND ADDRESSES OF FAMILY

(If not stated, in Section 11, detail all names and addresses of family. This must be completed by the review date. If not, reasons must be specified).

	FIRST CHILD	SECOND CHILD	THIRD CHILD

13 HOUSING TENURE

(Please indicate if the Housing was in the):

	FIRST CHILD	SECOND CHILD	THIRD CHILD
	☐ 1 Public Sector, Local Authority/New Town ☐ 2 Public Sector, SSHA ☐ 3 Private Sector, O.O. ☐ 4 Private Sector, Private Landlord ☐ 5 Other	☐ 1 Public Sector, Local Authority/New Town ☐ 2 Public Sector, SSHA ☐ 3 Private Sector, O.O. ☐ 4 Private Sector, Private Landlord ☐ 5 Other	☐ 1 Public Sector, Local Authority/New Town ☐ 2 Public Sector, SSHA ☐ 3 Private Sector, O.O. ☐ 4 Private Sector, Private Landlord ☐ 5 Other

14 HOUSING TYPE

(Please indicate the form of Housing)

	FIRST CHILD	SECOND CHILD	THIRD CHILD
	☐ 1 Low Rise (No Lift) ☐ 7 Other ☐ 2 High Rise (Lift) ☐ 8 N/K ☐ 3 Semi Detached ☐ 4 Detached ☐ 5 Caravan ☐ 6 Homeless Accommodation	☐ 1 Low Rise (No Lift) ☐ 7 Other ☐ 2 High Rise (Lift) ☐ 8 N/K ☐ 3 Semi Detached ☐ 4 Detached ☐ 5 Caravan ☐ 6 Homeless Accommodation	☐ 1 Low Rise (No Lift) ☐ 7 Other ☐ 2 High Rise (Lift) ☐ 8 N/K ☐ 3 Semi Detached ☐ 4 Detached ☐ 5 Caravan ☐ 6 Homeless Accommodation

15 APARTMENTS

(How many apartments did the accommodation have)?

	FIRST CHILD	SECOND CHILD	THIRD CHILD
Number			

16 LENGTH OF STAY

(How long had the family been living in the accommodation)?

	FIRST CHILD	SECOND CHILD	THIRD CHILD
	Years | Months | ☐ N/K	Years | Months | ☐ N/K	Years | Months | ☐ N/K

17 CHANGE OF ACCOMMODATION

(How many times had the family changed accommodation in the past 3 years)?

	FIRST CHILD	SECOND CHILD	THIRD CHILD
Number			

18 CHANGE OF CARER

(Did change of accommodation involve change of carer for the child(ren)?)

	FIRST CHILD	SECOND CHILD	THIRD CHILD
(Other than to Reception into Social Work Care)	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A

RIC1.

CASE FILE

Admission Form
FOR RECEPTION OF CHILDREN INTO CARE

Strathclyde Regional Council
Social Work Department

1

A Area Team	MAYBOLE BBC
B Standby Referral	☐ Yes ☑ No
C Admission	☑ Planned ☐ Unplanned
D Date of R.I.C.	
E Number of Children being received into care	ONE

It is essential for analysis that every question must have at least one box ticked. The Regional Standby Team should attempt to complete R.I.C. (1) up to and including question 5, and questions 21, 22 and 23.

	FIRST CHILD	SECOND CHILD	THIRD CHILD
F Unique Reference Numbers (to be completed Centrally)			
G Has the Child(ren) been in care before?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
H EXPECTED DURATION OF TIME IN CARE	☐ 0 weeks-2 weeks ☑ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months

2 PARTICULARS OF CHILDREN

A Full legal name (or known as)	LEE DAVID JOHNSTONE		
B Sex	☑ M ☐ F	☐ M ☐ F	☐ M ☐ F
C Address Post Code	16 MINNOCH CRES MAYBOLE KA19 8DW		
D Date of Birth	0 9 0 2 7 6		
E Number of Children in Family (including those who are 18 & over)	2		
F Order of child in family (please circle)	(1) 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
G Number of Children from Family already physically in Social Work Care	NONE		
H Number of Children 17 years or less living in the household at the time of reception into care (including those being received into care)	2		
I Religion (stated by parent)	PROTESTANT		

WS795

RIC1.

DISTRICT

Admission Form
FOR RECEPTION OF CHILDREN INTO CARE

Strathclyde Regional Council
Social Work Department

1

A Area Team	Maybole LEC	It is essential for analysis that every question must have at least one box ticked. The Regional Standby Team should attempt to complete R.I.C. (1) up to and including question 5, and questions 21, 22 and 23.
B Standby Referral	☐ Yes ☒ No	
C Admission	☒ Planned ☐ Unplanned	
D Date of R.I.C.		
E Number of Children being received into care	ONE	

	FIRST CHILD	SECOND CHILD	THIRD CHILD
F Unique Reference Numbers (to be completed Centrally)			
G Has the Child(ren) been in care before?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
H EXPECTED DURATION OF TIME IN CARE	☐ 0 weeks-2 weeks ☒ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months

2 PARTICULARS OF CHILDREN

A Full legal name (or known as)	[illegible]		
B Sex	☒ M ☐ F	☐ M ☐ F	☐ M ☐ F
C Address Post Code	16 Hunters Loan Maybole KA19 7BJ		
D Date of Birth	0 9 0 2 7 6		
E Number of Children in Family (including those who are 18 & over)	2		
F Order of child in family (please circle)	(1) 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
G Number of Children from Family already physically in Social Work Care	NONE		
H Number of Children 17 years or less living in the household at the time of reception into care (including those being received into care)	2		
I Religion (stated by parent)	PROTESTANT		

W5705

RIC1.

DIVISION

Admission Form

FOR RECEPTION OF CHILDREN INTO CARE

Strathclyde Regional Council
Social Work Department

1

A Area Team		It is essential for analysis that every question must have at least one box ticked. The Regional Standby Team should attempt to complete R.I.C. (1) up to and including question 5, and questions 21, 22 and 23.
B Standby Referral	☐ Yes ☐ No	
C Admission	☐ Planned ☐ Unplanned	
D Date of R.I.C.		
E Number of Children being received into care		

	FIRST CHILD	SECOND CHILD	THIRD CHILD
F Unique Reference Numbers (to be completed Centrally)			
G Has the Child(ren) been in care before?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
H EXPECTED DURATION OF TIME IN CARE	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months

2 PARTICULARS OF CHILDREN

A Full legal name (or known as)			
B Sex	☐ M ☐ F	☐ M ☐ F	☐ M ☐ F
C Address Post Code			
D Date of Birth			
E Number of Children in Family (including those who are 18 & over)			
F Order of child in family (please circle)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
G Number of Children from Family already physically in Social Work Care			
H Number of Children 17 years or less living in the household at the time of reception into care (including those being received into care)			
I Religion (stated by parent)			

W5705

RIC1.

CHILD PLACEMENT

Admission Form
FOR RECEPTION OF CHILDREN INTO CARE

Strathclyde Regional Council
Social Work Department

It is essential for analysis that every question must have at least one box ticked. The Regional Standby Team should attempt to complete R.I.C. (1) up to and including question 5, and questions 21, 22 and 23.

1

A Area Team	[illegible]
B Standby Referral	☐ Yes ☑ No
C Admission	☑ Planned ☐ Unplanned
D Date of R.I.C.	
E Number of Children being received into care	one

	FIRST CHILD	SECOND CHILD	THIRD CHILD
F Unique Reference Numbers (to be completed Centrally)			
G Has the Child(ren) been in care before?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
H EXPECTED DURATION OF TIME IN CARE	☐ 0 weeks-2 weeks ☑ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months	☐ 0 weeks-2 weeks ☐ 3 weeks-6 weeks ☐ 7 weeks-6 months ☐ More than 6 months

2 PARTICULARS OF CHILDREN

	FIRST CHILD	SECOND CHILD	THIRD CHILD
A Full legal name (or known as)	[illegible]		
B Sex	☑ M ☐ F	☐ M ☐ F	☐ M ☐ F
C Address Post Code	[illegible] [illegible]		
D Date of Birth	[illegible]		
E Number of Children in Family (including those who are 18 & over)	2		
F Order of child in family (please circle)	(1) 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
G Number of Children from Family already physically in Social Work Care	[illegible]		
H Number of Children 17 years or less living in the household at the time of reception into care (including those being received into care)	2		
I Religion (stated by parent)	[illegible]		

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