

Community Collaboration for Children (CCC) In-Home Services Referral Form

Gatekeeper to e-mail completed forms to: belina.shelton@ky.gov and lynne.mason@ky.gov

PLEASE ATTACH ANY ADDITIONAL INFORMATION AS NEEDED

Date of referral:

DCBS involvement: Yes No

Release of information completed: Yes (Please attach) No

Is the case open in ongoing status or will it be in the future: Yes No

If YES, this case is not appropriate for CCC services.

DO NOT COMPLETE THE REST OF THIS REFERRAL FORM

Are there any substantiated findings of abuse or neglect: Yes No

If YES, please list substantiated findings and dates:

Family's address:

County:

Family's phone number:

Is the family aware a referral is being made to CCC? Yes No

Parent/guardian/caretakers:

| Name | DOB | Relationship/Role | Willing to work with in-home services |
|------|-----|-------------------|---------------------------------------|
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Children:

| Name | DOB | Gender | Child currently in home |
|------|-----|--------|-------------------------|
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| | | | |
| | | | |

Other household members:

| Name | DOB | Relationship/Role | To be involved with in- home services |
|------|-----|-------------------|---------------------------------------|
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Why are in-home services needed:

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Do any of the following apply to the family being referred?

| Concern | Yes, No, Unsure, N/A | Family members involved | Details |
|---|-----------------------------|--------------------------------|----------------|
| -Safety threats (dogs, environmental, guns, court orders, history/past violence, and etc.) | | | |
| -Cultural barriers | | | |
| -Substance use | | | |
| -Domestic violence | | | |
| -Mental or physical health | | | |
| -Criminal history | | | |
| -Children behavioral or developmental delay concerns | | | |

Family strengths:

Family support system:

Family needs:

Referring worker:

Email and telephone #:

Supervisor approval: