

## Community Collaboration for Children In-Home Services Referral Form

Gatekeeper to e-mail completed forms to: [belina.shelton@eku.edu](mailto:belina.shelton@eku.edu), [lynnemason@eku.edu](mailto:lynnemason@eku.edu), or  
[margaret.perkins@ky.gov](mailto:margaret.perkins@ky.gov)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION AS NEEDED**

Date of referral:

DCBS involvement:                      Yes                      No

Release of information completed:    Yes                      No (Please attach)

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

Children:

Name	DOB	Gender	Child currently in home

**Other Household Members:**

<b>Name</b>	<b>DOB</b>	<b>Relationship/Role</b>	<b>To be involved with in-home services</b>

**Why are in-home services needed:**

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

<b>Concern</b>	<b>Yes, No, Unsure, N/A</b>	<b>Family members involved</b>	<b>Details</b>
<b>-Safety risks (dogs, environmental, guns, court orders, history/past violence, and etc.)</b>			
<b>-Cultural barriers</b>			
<b>-Substance use</b>			
<b>-Domestic violence</b>			
<b>-Mental or physical health</b>			

<b>-Criminal history</b>			
<b>-Children behavioral or developmental delay concerns.</b>			

**Family strengths:**

**Family support system:**

**Family needs:**

**Referring worker:**

**Email and telephone number:**

**Supervisor approval:**