

**COMMONWEALTH OF KENTUCKY**  
Cabinet for Health and Family Services  
Department for Community Based Services  
Division of Protection and Permanency  
**Safety and Risk Consultation Form**

Date of consultation: \_\_\_\_\_

Case name: \_\_\_\_\_

Case #: \_\_\_\_\_

SSW: \_\_\_\_\_

FSOS: \_\_\_\_\_

County: \_\_\_\_\_

Has family had an FTM?  Yes  No If Yes, date of last FTM: \_\_\_\_\_

<b>Child A:</b>	<b>Child B:</b>	<b>Child C:</b>	<b>Child D:</b>
Name:	Name:	Name:	Name:
Gender:	Gender:	Gender:	Gender:
DOB:	DOB:	DOB:	DOB:
Individual TWIST Id #:	Individual TWIST Id #:	Individual TWIST Id #:	Individual TWIST Id #:
Mother: Name & DOB	Mother: Name & DOB	Mother: Name & DOB	Mother: Name & DOB
Father: Name & DOB	Father: Name & DOB	Father: Name & DOB	Father: Name & DOB

Other household members & relationships \_\_\_\_\_

Family history (Include DCBS report history, criminal history, family strengths, etc.):  
\_\_\_\_\_

Prior OOHC placements?  Yes  No  
(If yes, please attach placement log from TWIST)

**Type of case (Program)**

Physical abuse     Neglect     Sexual abuse     Dependency     Status     N/A

**Current child safety issues (Check all that apply):**

Substance misuse     Untreated mental health     Child behaviors     Family violence  
 Poor parenting skill/knowledge     Failure to protect     Unaccompanied minor     Supervision  
 Court ordered/non-safety     Other

**Please explain all checked boxes:** \_\_\_\_\_

**Potential interventions to mitigate safety threats:** \_\_\_\_\_

**Was a plan developed?**  Yes  No    **If Yes, list provisions:** \_\_\_\_\_

**Current risk factors for the children (not an immediate safety threat):**

**Situation indicating possible OOHC placement/disruption/critical needs** (Describe circumstances of need for OOHC placement-provide SAFETY/DANGER threats, disruption-provide services attempted to prevent, or critical need):  
\_\_\_\_\_

**Was removal of perpetrator considered?**  Yes  No    **If No, why?**

**Services and/or interventions utilized or considered to mitigate safety threats to prevent relative/fictive kin/OOHC placement** (Document services considered [e.g., FPP, FRS, FPS, counseling/therapy, day care, IMPACT, medications for children, preventive assistance, etc.]):  
\_\_\_\_\_

**Is an absent parent search needed?**  Yes  No    **If No, why?**  
\_\_\_\_\_

**Relative/fictive kin placement considerations (Paternal and maternal):**

Name	Relationship	Address	Paternal	Maternal
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>

**Has the service array been offered?**  Yes  No    **If No, when will it be offered?** \_\_\_\_\_

**LexisNexis completed (or date to be completed)** \_\_\_\_\_

**Will a plan be developed for the placement?**  Yes  No    **If Yes, list provisions to be included:** \_\_\_\_\_

**Cultural and special medical considerations** (e.g., religious preference, language, developmental disability, physical impairment, diabetes, seizure disorder, etc.):

\_\_\_\_\_

**Is child placement being sought in county of origin?**     Yes No (If No, explain)

\_\_\_\_\_

**Are child's needs best met by a DCBS resource home?**   Yes No

**Are child's needs best met by a PCP foster home?**   Yes   No

**Are efforts being made to place siblings together?**   Yes   No (if No, explain)

\_\_\_\_\_

**SRC participants:**

Name	Title	Name	Title
1.		4.	
2.		5.	
3.		6.	

**Upon review of this referral/consultation, the consensus of this committee is that the above named child(ren):**

Should                      Should not                      **Be placed in relative/fictive kin/OOHC placement.**

**Committee recommendations** (removal, placement, critical incident decisions):

\_\_\_\_\_

**Action steps (what, who, by when)**

\_\_\_\_\_

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**Name, title, degree**

**Date**

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**Name, title, degree**

**Date**

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**Name, title, degree**

**Date**

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**Name, title, degree**

**Date**

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**Name, title, degree**

**Date**

*File original: Regional gatekeeper*

*File copy: Requesting FSOS*