

DSS Number:	DCBS-1286
DSS Name:	Rev.11/97

**COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES**

_____ Referral Date	FPP Received	_____
_____ R&S Approved	Accepted	_____
_____ R&S Rejected	Rejected	_____
	FPP Termination Date	_____
	TANF Eligibl	Yes <input type="checkbox"/> No <input type="checkbox"/>

FAMILY PRESERVATION PROGRAM REFERRAL

1. Referral Source: DCBS RIAC Other: _____ 2. DCBD Case # _____
3. Referring Worker: _____ 4. Phone: _____
5. Supervisor: _____
6. DCBS Supervisor's Evaluation of Placement Risk: Critical High Moderate Low
7. DCBS Supervisor's Signature: _____ Date: _____
8. Family Name: _____
9. Home Phone: _____
10. Address, Directions: _____
11. Date of Last Worker Contact with Family: _____
12. Family Advised of FPP Referral: Yes No
13. Name of Parent Willing to Work With FFP: _____

14. Adults in Home

Name	Relationship	Age

15. Is the child identified for potential placement (PR) currently living in the home? Yes No
- A. If no, where is the child? _____
- B. Is the plan for the child to return home within seven (7) days? Yes No

16. Children in the home:

Name	PR	Sex	Age	DOB	Relationship	SS# PR only

* Child out of home.

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17. Other Parent Name:

18. Address; Phone Number:

19. Is Court Action Pending? Yes No Type: Next Court Date:

20. Reason for referral to FPP? Describe the current crisis that put the family at risk.

21. Discuss other issues; not family strengths and resources.

22. What is the intended placement if FPP is unavailable?

23. Has family been known to DCBS previously? Yes No
If yes, provide a summary of services and results. Include any Placement dates.

24. are other agencies involved with this family? Yes No If yes, please list.

Name of Agency	When	Length of Service

25. What changes need to occur for the child to remain in the home and safe?

26. DCBS Family Services Worker's assessment of potential for physical violence using 1 - 5:

Within Family:

Toward Others:

1) Extreme 2) High 3) Moderate 4) Low 5) None