

Prevention Services Referral Form

Case Name

Case Number

Family Address

Family Phone Number

County

Date of Referral

Supervisor Risk Documentation

Evaluation of Placement Risk:

Supervisor Signature

Date

Children Identified as Candidates for Foster Care

Program Desired (SSW/Supervisor recommendations)

Family Preservation Programs

Prevention Strategy Plan Evidence Based Practices (EBP):

Evidence Based Practice	Prevention Strategy Date	Actual Start Date	Actual End Date	Provider	Comments	Classification
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Does this case have a substantiated or in need of services finding:

If no, will the case have a substantiated or in need of services findings after completion of the ADT

Is this case currently open for ongoing DCBS services:

If no, will the case be opened for ongoing services after completion of the ADT:

Is the family aware that this referral is being made and given a description of each program?

Parent has signed a release form for the prevention service.

Date signed:

TANF Eligible (required)

Is there a meeting scheduled with the family to develop a case plan?

If yes, please provide meeting date:

Parent/Guardian/Caretaker

Name	DOB	SSN	Relationship/Role	TWIST IND ID #	Willing to work with In- Home Services

Other Household Members

Name	DOB	SSN	Relationship/Role	To be Involved With In-Home Services

If the caretaker/guardian listed above is not the parent please provide the information requested below.

Mother Involved with Child

Address Phone

Father Involved with Child

Address Phone

High Risk Behaviors - what are the specific behaviors that have led to the child/ren being a candidate for foster care?

Individual	Past Behaviors	Present Behaviors

Reason for Referral: Describe the type of DCBS case i.e. CPS or juvenile services (status offender) and the type of maltreatment i.e. neglect physical abuse, sexual abuse, human trafficking, dependency etc.) Describe the high-risk behaviors checked above. Describe why the child has been identified as a candidate for foster care.

Prior DCBS Involvement: brief summary of number or prior referrals, the nature of those referrals and the findings. Include summary of prior ongoing cases and OOHC episodes)

Are there mental health concerns of anyone in the home? If so, please explain

Is there current or past court involvement (Abuse, Neglect, Dependency or Juvenile/Status) with the referred child/ren? If so, please explain.

Are there other significant issues in the family? (Medical problems, hearing impaired, mobility issues, etc)

Identify family strengths (how has the family been successful at keeping the child/ren safe previously):

Are any providers currently involved with this family (list provider agency name and case manager name, if known):

Have any of the referred children received In-Home Services (FACTS, IFPS, FRS or Diversion) services in the past?

DCBS worker's assessment of the potential for physical violence:

Within the family:

Towards others:

Referring Worker

Email Address

Phone Number

Referring Supervisor

Email Address

Phone Number

Gatekeeper Information

Referral Status:

Status Date:

Provider Agency Name: