



Family Foster Care Referral

Referral Information

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|------|---------------|---|--|
| Date | Referral Time | Enhanced Referral <input type="checkbox"/> Yes <input type="checkbox"/> No | Time frame by which home is needed (can be between 2 hours and 45 days): |
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Referring Worker Information

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|------|--------|--------------|
| Name | Email | Office Phone |
| City | County | Cell Phone |

Referring Worker Supervisor Information

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|-----------------|-------|------------|
| Supervisor Name | Email | Cell Phone |
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FSRP Care Coordinator Information

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|----------------------------|-------|------------|
| FSRP Care Coordinator Name | Email | Cell Phone |
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Child's Information at Time of Referral

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|---|--|---|--------|
| First Name | Last Name | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of Birth | State ID | Race | |
| Language | ICWA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending | | |
| Parent/Guardian Address | | | |
| City | State | ZIP Code | County |
| Child's Current Address | | | |
| City | State | ZIP Code | |
| Adjudication <input type="checkbox"/> Yes <input type="checkbox"/> No | | Anticipated Length of Care | |
| Removal/Placement Reason | | | |
| Financial County | Previous Placement <input type="checkbox"/> Yes <input type="checkbox"/> No | Has Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| School District | Current School | Grade | |
| Individual Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Behavioral <input type="checkbox"/> Educational | Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Attends Place of Worship <input type="checkbox"/> Yes <input type="checkbox"/> No | Does Child Identify as LGBTQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA | Sexually Active <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA | |

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| If enhanced referral, name of placement and any applicable services to help with transition: |
| Discussion of child's strengths and needs: |
| Child's special interest or activities: |
| Does child have siblings that will require continued contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: |

Use Scale for each section below for those diagnosis that apply. If it does not apply, leave it blank.
Scale 2-5:

- 2 Child may have or has a very mild level of this behavior or special need.
- 3 Child has a mild to moderate level of this behavior or special need.
- 4 Child has a moderate to severe level of this behavior or special need.
- 5 Child has a very severe level of this behavior or special need.

| Physical Health and Medical Concerns | Explanation or Discussion of Severity | Scale 2-5 |
|--------------------------------------|---------------------------------------|-----------|
| Allergies to Medication | | |
| Environmental Allergies | | |
| Drug Affected | | |
| Fetal Alcohol Syndrome | | |
| HIV | | |
| Medically Fragile | | |
| Physically Challenged | | |
| Respiratory Impairment | | |
| Special Dietary Needs | | |
| Special Medical Needs | | |

| Mental Health Diagnosis | Explanation or Discussion of Severity | Scale 2-5 |
|--------------------------------|---------------------------------------|-----------|
| ADHD | | |
| Asperger's Syndrome | | |
| Autism | | |
| Bipolar Disorder | | |
| Attachment | | |
| Anxiety Disorder | | |
| Depression Disorder | | |
| Conduct Disorder | | |
| Obsessive-Compulsive Disorder | | |
| Oppositional Defiant Disorder | | |
| Adjustment Disorder | | |
| Post-Traumatic Stress Disorder | | |
| Intellectual Disability | | |

| Serious Behavioral Issues | Explanation or Discussion of Severity | Scale 2-5 |
|---------------------------------------|---------------------------------------|-----------|
| Destructive Behavior Towards Property | | |
| Self-Harming Behavior | | |
| Suicide Ideation | | |
| Assaultive Behavior | | |
| Encopresis or Enuresis Disorders | | |
| Fire Setting Behaviors | | |
| Pet Abuse/Fear of | | |
| Sexually Reactive | | |
| Sexual Offender or Perpetrator | | |
| Substance or Alcohol Abuse | | |

Current Formal Information

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| Formal diagnosis: | Prescribed medication and what they are treating: |
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Transportation Needs

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|---|---|--|
| School <input type="checkbox"/> Yes <input type="checkbox"/> No | Activities <input type="checkbox"/> Yes <input type="checkbox"/> No | Health Care <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Interactions <input type="checkbox"/> Yes <input type="checkbox"/> No | Relatives/Friends <input type="checkbox"/> Yes <input type="checkbox"/> No | Extended Family Visits <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: | | |

Risk Management

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| Characteristics of other children that this child should NOT be placed with: |
| What are the characteristics of potential match families you should not consider for this child: |
| Current services in place: |
| Search area: |
| Additional notes: |

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| Form Prepared by | Date |
|------------------|------|