IOWA DEPARTMENT OF HUMAN SERVICES

IMMEDIATE AUTHORIZATION REFERRAL NOTES

Referral Worker	Location ☐ DHS ☐ JCS	Phone Number ( )
Name of CACT Staff	Authorization Number	Date of Referral

1. RISK OF IMMINENT PLACEMENT

CHILD'S NAME	STATE ID#	FACS CASE #	I*	H	M	L
			☐	☐	☐	☐

2. REASON FOR REFERRAL:

3. TYPE OF REFERRAL:

☐ EMERGENCY ☐ NON-EMERGENCY

BASIS OF DETERMINATION:

4. ADDITIONAL INFORMATION/COMMENTS:

*I=Immediate H=High M=Medium L=Low

White-CACT Yellow-Case File

470-3048 (8/95)