



## Family Foster Care Referral

### Referral Information

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

Name	Email	Office Phone
City	County	Cell Phone

### Referring Worker Supervisor Information

Supervisor Name	Email	Cell Phone
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### FSRP Care Coordinator Information

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

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		
<b>Parent/Guardian Address</b>			
City	State	ZIP Code	County
<b>Child's Current Address</b>			
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	

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**

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

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**

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:

Form Prepared by	Date
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