IOWA Health and Human Services

Foster Group Care Services/QRTP Referral

Referral Information		
Date	FGCS/QRTP Contractor	HHS Service Area

Referring Worker		
Name	Email	Phone Number
City	County	Cell Phone

Referring Worker Supervisor Information	
Supervisor Name	
Email	Cell Phone

Child Demographics		
Name		
Date of Birth	State ID	Language
☐ Male ☐ Female	Does child identify as LGBTQ? ☐ Yes ☐ No	Race
Current Care Setting		
City	State	Phone Number

Responsible Parties	
Parent's Name	Parent's Name
Phone Number	Phone Number
Address	Address
Email	Email
Who has guardianship?	

Legal Contact Information	
Guardian ad litem	Attorney
Phone Number	Phone Number
Email	Email

FCS Family Support Specialist Information		
Name	Email	Cell Phone
Supervisor	Email	Cell Phone

Education		
School District	Current School	Grade
IEP? ☐ Yes ☐ No	☐ Behavioral ☐ Educational	Special Education ☐ Yes ☐ No

Mental and Physical Health		
Date of Last Physical Exam	Date of Last Dental Exam	Date of Last Vision Exam
Medical or physical needs known:		
Mental health diagnosis (include known alcohol and drug abuse):		
Current Medications		
Known Allergies		

Insurance			
MCO	TXIX Number	Private Insurance	Indian Child Welfare Act ☐ Yes ☐ No

Court and SFM/YTDM/YCPM Meetings	
Next Court Date	No Contact Order ☐ Yes ☐ No With Whom
Next SFM Meeting Date	Next YTDM/YCPM Meeting Date

Child's Support	
Relative or Fictive Kin's Name	Relative or Fictive Kin's Name
Phone Number	Phone Number
Address	Address
Email	Email
Others who are a support:	Others who are a support:
Name	Name
Relationship	Relationship
Comment	Comment
Phone Number	Phone Number
Address	Address
Email	Email

Child's Needs and Expected Outcomes
Reason for referral:
Specific treatment needs to be addressed:
Plan for family involvement, contacts, and frequency:
If not included in the above narrative, identify any risks the child would present to self or others:
Current permanency plan after completion of group care stay:

The information and documents below are to be included with all FGCS referrals. In the "included" box, place an "X" if the item is attached or an "N/A" if the item is not available or not applicable.

Included	Referral Items
	Placement Agreement, form 470-0719
	3055
	HHS Case Plan (Part A, B, C)
	Social History
	Criminal/Delinquency History
	Treatment History, including indication of previously successful modalities
	Current Services, if not part of HHS Case Plan
	Court Report (most recent)
	FCS Service Plan/Case Progress Report (most recent)
	Transition Plan, if child is over 14 years old
	IEP/School Behavior Plan
	Any pertinent evaluations or screening tools (substance abuse, mental health, domestic violence, risk, level of care)
	Most recent psychological report
	Most recent psychiatric report
	Court Order
	QRTP Admission Clinical Review Form and other assessment documents
	No Contact Order
Explanation for items not included:	