FaDSS Universal Referral   4.9

PART A

I would like to refer the following family to the FaDSS program:

Name:_____**Telephone:**(_____)_____

Address:_____**City:**_____

DHS Case # :_____ **SSN#:**_____/_____/_____

Comments:

_____   _____   _____
     Referring Worker   *Telephone*   *E-mail*

PROMISE JOBS_____ **or** *DHS _____ or Other Referral Source*_____

===
Date of Receipt of Referral:_____/_____/_____
The FaDSS Program will notify PROMISE JOBS within 10 working days regarding the status of this referral

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PART B   ## Referral Status

_____DHS, or _____PROMISE JOBS or _____Other Referral Source referred the above listed family to the FaDSS program

This is to notify you of the status of the referral

    ____**YES,** family has enrolled in FaDSS effective _____/_____/_____
    ____**NO,** family has declined FaDSS services
    ____**NO,** we have been unable to meet with the family.
    We have made _____# of contacts in our attempt to reach the family

OR

WAITING LIST
___ Family has been added to the FaDSS waiting list. The following information will be completed upon removal from waiting list:
    ____/____/_____   Date of removal from waiting list and enrolled in FaDSS
    ____/____/____   Date of removal from waiting list and declined FaDSS services

FaDSS Specialist:_____ Telephone:(_____)_____

E-Mail:_____

FaDSS Grantee:_____ Date:_____/_____/_____

(Must be within 20 working days of date of referral)