

**Referring Agency:** DCF

Date of Referral: \_\_\_\_\_ Type of Referral: \_\_\_\_\_

Referring Worker: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Client Information:** Case Name: \_\_\_\_\_ Case Link #: \_\_\_\_\_

**Parents:**

(1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**Caretakers (children placed outside of home):**

(1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**Child(ren):**

(1) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (SIS if DSS): \_\_\_\_\_

\_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Gender: \_\_\_\_\_

Child Link# \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Day Care Provider: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Removal: \_\_\_\_\_

(2) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (SIS if DSS): \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child Link# \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Day Care Provider: \_\_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Removal: \_\_\_\_\_

(3) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (SIS if DSS): \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Gender: \_\_\_\_\_ Child Link# \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Day Care Provider: \_\_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Removal: \_\_\_\_\_

(4) Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (SIS if DSS): \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_ Gender: \_\_\_\_\_ Child Link# \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Day Care Provider: \_\_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Removal: \_\_\_\_\_

Legal Status of Case: \_\_\_\_\_ (committed; TPR, protective supervision)

**Risk Assessment:**

- Abuse     Neglect     Medically Fragile     Educational     Other (please explain)

Other explanation \_\_\_\_\_

**Brief History of DCF Involvement:**

History of mental health, Substance Abuse, Domestic Violence or criminal Involvement: (provide information for parents and children)

Other Agencies or Services Past or Currently Involved with the Family:  
(include contact name and number)

**Reason for Referral:**

Outcomes of Service: (goals client is to accomplish during services)

(1)

(2)

(3)

(4)

**For BSC Use Only**

Approved Number of hours per week:	
Approved Dates:	
Approved Visitors:	
Approved Locations:	