

SECTION I: Type of Case

SELECT ONE:

☐ Family Service- DCF

☐ Family Service- Community Family Service Provider

ANSWER the following:

Is this referral due to a Juvenile Offender case? ☐ Yes ☐ No

SECTION II: Identifying Information

Case Name:		FACTS Case #:		FACTS Event #:	
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CPS Specialist:		Date of Case Assignment:	
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COMPLETE THE FOLLOWING SECTIONS ONLY WHEN A FAMILY SERVICES CASE HAS BEEN OPENED.

SECTION III: Family Service Case Open- A supervisor's approval is required to open a Family Service case, however the signature of the supervisor is not required on the PPS 2030 F to complete this form.

Date case open/referred:

Referral Information (For Community Family Service Provider referrals only):

Responsible Agency:		Region:		Any child in DCF custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Referral (Describe what brought the family to the attention of the agency and why is the family being referred for family services):

Required attachments for Community Family Service Provider Referrals:

- ☐ A/N referrals; PPS 4005, 1000,1001,1002,2030A,B,D and F
- ☐ CINC/NAN referrals; PPS 4005, 1000,1001,1002, 2030 E and F
- ☐ All cases; PPS 2003 Safety plan and case plan, if applicable.

SECTION IV: Closure of Family Service Case

Date of Closure:	
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Closure Reason: (Completed by Community Family Service Provider) Select reason case is closing and provide a summary of the reason for case closure. Example: "Family declined services prior to case plan" may be checked. The summary may describe the family was able to locate services on their own and decided not to participate in DCF family services.

☐ Case plan goals are met and/or the family has addressed the issues identified in the service plan on their own.

☐ Family declined services prior to signing the case plan.

☐ Family declined services after signing the case plan.

☐ Case plan goals are unmet and/or the family has not addressed the issues identified in the service plan on their own.

☐ Family has been referred for Family Preservation Services.

☐ Referral to the Reintegration/Foster Care/Adoption provider.

☐ Unable to locate the family.

☐ Family moved out of provider service area.

☐ Family moved out of state.

☐ Other (please describe):

Closure Summary: (Completed by Community Family Service Provider)

Provide a brief description of the family's progress/functioning at closure, and a summary of the reason for closure.

Result of Family Meeting Case Plan Goal: (Select one to indicate whether the family has met the case plan goals and/or the family has addressed the need for services identified during the assessment.)

☐ Successful

☐ Unsuccessful

Provide to FACTS data entry unit

