Family First Prevention Plan and Service Referral/Case Status Form

SECTION I: Identifying Information – Completed by CPS/FC Liaison/IL Coordinator			
Case Head Name:	Case Head Client ID:	FACTS Case #:	FACTS Event #:
Date of Intake Assignment: Click or tap to enter a date.			
Address of Family: City, State, Zip: County where family resides:	Phone number: Best way to contact family (phone, text, person, other):		
Non-custodial Parent(s) Name: Address: City, State, Zip:	Phone: Best way to contact family (phone, text, person, other):		
Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? ☐ No ☐ Yes (If yes, list Tribal Affiliation): Name of Enrolled Family Member(s):			
Referring DCF CPS/ Foster Care Liaison/IL Coordinator: Email: Phone number(s): Supervisor: Family First Regional Email (check one below): **Northwest Region** ☐ DCF.WERFFLiaison@ks.gov **Southwest Region** ☐ DCF.WERFFLiaison@ks.gov **Wichita Region** ☐ DCF.WROFF@ks.gov **Northeast Region** ☐ DCF.NortheastFamilyFirst@ks.gov **Southeast Region** ☐ DCF.SoutheastFamilyFirst@ks.gov **KC Region** ☐ DCF.KCRegionFamilyFirst@ks.gov DCF Office: List any other DCF division or employee actively involved with the family if applicable (Name/role):	Is there a current CINC case: ☐Yes ☐No If yes: Court Number: Next Court Hearing/Division: Any child in the family in DCF custody: ☐Yes ☐No If yes, Name: **Answer the following *FACTS CODES in parentheses:** **Is this referral due to a Juvenile Offender case?** ☐Yes **(JO01N)(PSW)** ☐No **Is the referral for a pregnant youth in foster care?** ☐Yes **(FC01N)(FGC)** ☐No If yes, Name: **If the referral is for a parenting youth in foster care is their child:** ☐ Not in custody **(FC02N)(FGC)** ☐In custody of the Secretary **(FC03N)(FGC)** Name of parenting youth: Child's name:		

Section II: Candidacy for Care Determination – Completed by CPS/FC Liaison/IL Coordinator – Determine if the child meets criteria as a candidate for care.			
Child Name (List all children in the home)	**Age**	**Candidate for Care**	**Reason for candidacy determination**
		☐Yes ☐No	Reason for imminent risk of removal:
		☐Yes ☐No	Reason for imminent risk of removal:
		☐Yes ☐No	Reason for imminent risk of removal:

		☐Yes ☐No	Reason for imminent risk of removal:
		☐Yes ☐No	Reason for imminent risk of removal:

Indicate if any children above have, within approximately a year, participated in mental health treatment, or if any child is on a psychiatric residential treatment facility (PRTF) waitlist. This will assist in service coordination.

Name of child/youth	Agency delivering service	Name of past/current therapist or case manager

Is any child/youth listed above on a PRTF waitlist? ☐ No ☐ Unknown ☐ Yes. If yes, add name of child:

Section III: Prevention Plan – Completed by CPS /FC Liaison/IL Coordinator

A prevention plan expires after 12 months of being open. The prevention plan date will match the start date of the service referral (Section IV). Select one of the following below:

1A. Complete for initial prevention plan (most common)

☐ This is an initial prevention plan

Enter the start date for this plan/referral: Click or tap to enter a date.
Enter the end date (12 months from start date): Click or tap to enter a date.

OR

1B. Complete when services extend beyond 12 months of previous prevention plan

☐ This is an extension of an active prevention plan/that follows an expired prevention plan

Enter the start date (use end date from previous plan): Click or tap to enter a date.
Enter the end date (12 months from start date): Click or tap to enter a date.

1C: Is this a revision to an open prevention plan? ☐Yes ☐No

Reason for revision:

Has this family been actively engaged in conversations about Family First services? ☐ Yes ☐ No

Prevention Strategy (Check one)**:**

☐ Maintain the child safely in the home
☐ Live temporarily with a kin caregiver until the child can safely return to their parent(s)/caregiver(s), or
☐ Live permanently with a kin caregiver.

***FACTS:** When entering an extension for a Prevention plan (Section III. 1B.) on RESP Screen:

- Close previous Prevention Plan
- Close Candidacy for Care related to previous Prevention Plan
- Close all open Family First Services using the code (SD) in the RespStatus field
- Add new Candidacy for Care for this Prevention Plan
- Re-Add Family First Services that were closed for extension, use the extension Prevention Plan Start date in the AchDt field. RespInDt of service must match the start date of the extension Prevention Plan.

Family First Prevention Plan and Service Referral/Case Status Form

Section IV: Family First Prevention Service Referral – Completed by CPS/FC Liaison/IL Coordinator – Check the appropriate service box to identify the service the family agrees to receive available in the county where the family resides.

***NOTE FOR FACTS STAFF:** Service is added to all family members.

Kinship Navigator (FK01N)	**Mental Health (FM01N)**	**Parent Skill Building (FI01N)**	**Substance Use Disorder (FS01N)**
☐ Kids 2 Kin – Kansas Legal Services **(NIT)**	☐ MST – Multisystemic Therapy – Community Solutions **(MST)**	☐ Bright Futures Program – KPATA **(PAT)**	☐ START – DCCCA **(STA)**
Other Services (FP01N)	☐ Functional Family Therapy – Cornerstones **(FFT)**	Healthy Families America ☐ KVC **(HFB)** ☐ Kansas Children's Service League **(HFA)**	☐ Parent Child Assistance Program, PCAP – Kansas Children's Service League **(PCA)**
☐ Community Support Specialist – Sedgwick Co. Sheriff's Dept. **(CSP)**	☐ Parent Child Interaction Therapy – TFI Family Services **(PCI)**	☐ Family Mentoring – CAPS **(NPP)**	☐ Seeking Safety – Saint Francis **(SES)**
***NOTE FOR FACTS STAFF: (FACTS CODES)**		☐ Fostering Prevention – FAC **(FSP)** ☐ Family Centered Treatment – Saint Francis **(FCT)**	☐ Strengthening Families – KVC **(SFA)**

List all family members/relatives, including any minor children, and non-related kin, in or out of the household who will participate in the service.

Family Member / Role	Is this a new service or a service added to an already existing prevention plan?	Add the date only if this is an additional service.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.
	☐ New ☐ Additional service	Click or tap to enter a date.

Family First Prevention Plan and Service Referral/Case Status Form

SECTION V: Family First Referral Opening – Completed by CPS/FC Liaison/IL Coordinator

Reason for Referral (Describe what brought the family to the attention of the agency, why is the family being referred for specified services, and historical involvement with agency):

Required attachments for Family First Prevention Services:

☐ A/N referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
☐ FINA referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
☐ All cases; PPS 2021 Immediate Safety plan – if applicable
☐ Attach and email all forms to the grantee/provider, regional Family First mailbox and your region's FACTS mailbox

(End DCF responsibility, Grantee portion begins next page)

DCF Distribution: Case File, Family First Provider, FACTS

GRANTEE: Acknowledge receipt of referral within 24 hours.

Family First Prevention Plan and Service Referral/Case Status Form

SECTION VI: Timely engagement – Completed by Grantee – Assessment and/or review of prevention plan with family to occur within 2 business days of referral. Provide initial contact date below and submit to emails listed at the end of this form for the appropriate region within 5 business days of initial contact.
Use the email subject line: FF_county abbreviation_Lastname_Firstname_4311_Initial Contact

Name of Grantee: **Date of Initial contact with Family:** Click or tap to enter a date.	**Referred Service Category:** ☐ Kinship Navigator **(FK01N)** ☐ Mental Health **(FM01N)** ☐ Substance Use Disorder **(FS01N)** ☐ Parent Skill Building **(FI01N)** ☐ Other **(FP01N)**	
Name of Grantee Assigned Worker:	**Email:**	**Phone:**
Name of Grantee Assigned Supervisor:	**Email:**	**Phone:**

SECTION VII: Closure of Family First Prevention Services – Completed by Grantee – At time of case closure, add date, closure reason, and summary below. Submit to emails listed at the end of the form for the appropriate region within 5 business days of closure.
Use the email subject line: FF_county abbreviation_Lastname_Firstname_4311_Closure

Name of Grantee: **Closure Date:** Click or tap to enter a date.	**Referred Service Category:** ☐ Kinship Navigator **(FK01N)** ☐ Mental Health **(FM01N)** ☐ Substance Use Disorder **(FS01N)** ☐ Parent Skill Building **(FI01N)** ☐ Other **(FP01N)**

Closure Reason – Completed by Grantee – Select reason case is closing and provide a summary reason for case closure.

☐ Retraction within 5 days of referral. *Exception: Family determined ineligible after 5-day window.* **(JD)**

The following are applicable after 6+ days.

☐ Family declined or chooses to end services after 5 days of referral. **(CD)**

☐ Family is not progressing or addressing issues/needs identified in the prevention plan. **(AD)**

☐ Child was removed from home; a referral was made to the Reintegration/Foster Care/Adoption provider. **(LD)**

☐ Unable to locate the family or family moved out of provider services area or out of state. **(MV)**

☐ Family has successfully completed services. **(CM)**

Closure Summary – Completed by Grantee – Provide a description of the family's progress/functioning at closure, a summary of the reason for closure, or special circumstances leading to closure. If applicable, document attempts to locate or engage family.

GRANTEE: Return the form to the following emails for the appropriate region where the family resides.

Region	FACTS email inbox	Family First email inbox	Referring Child Protection Specialist or Foster Care Liaison (Listed in Section I)
Northwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Southwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Wichita	DCF.WROCPFP@ks.gov	DCF.WROFF@ks.gov	Both
Northeast	DCF.EastFacts@ks.gov	DCF.NortheastFamilyFirst@ks.gov	Both
Southeast	DCF.EastFacts@ks.gov	DCF.SoutheastFamilyFirst@ks.gov	Both
Kansas City	DO NOT SEND TO FACTS	DCF.KCRegionFamilyFirst@ks.gov	Both

END FORM