

FAMILY PRESERVATION

**NON-COMPLETION OF CASE PLAN
(Non-Engagement of Services)**

A. Name of Family: _____ Referral Date: _____

B. FACTS Case Head number: _____

C. Check One: <input type="checkbox"/> Region 1: <input type="checkbox"/> Region 2: <input type="checkbox"/> Region 3: <input type="checkbox"/> Region 4: <input type="checkbox"/> Region 5:	D. DCF Regional Office: _____
	DCF Social Worker: _____
	Local DCF Office: _____

E. Family did not engage in Family Preservation services, as evidenced by not signing the case plan, for the following reason (check one):

<input type="checkbox"/> Family moved/unable to locate:	<input type="checkbox"/> Only child no longer in the home:
<input type="checkbox"/> Family refused	<input type="checkbox"/> Family has other services in place:
<input type="checkbox"/> Provider refused	<input type="checkbox"/> Other:

F. This form must be completed no later than 23 calendar days from date of referral. Send this form to the following:

1. Family Preservation Regional Contract Specialist, Fax #: _____ Form sent

2. Provider or DCF Social Worker, Fax #: _____ Form sent

G. Date of Actual Case Closure: _____

H. Signatures:

Signed by Provider Social Worker: _____ Date: _____

OR

Signed by DCF Social Worker: _____ Date: _____

