

**Initial Referral to Out of Home Placement Provider  
For Child in DCF Custody— Consideration of Relatives/Kin for  
Placement and Additional Information (For Internal Use Only)**

<b>SECTION I:</b>					
<b>Child's Name:</b> _____		<b>Child's DOB</b> _____			
FACTS Client ID #		FACTS Case #		KEES Client ID # upon KEES implementation	
<b>Section II: Additional Information about the child and family:</b> Provide any other pertinent information the Provider should have at the time the physical custody of the child is given to the Provider (e.g., family has history of violence, drug abuse, pending JO charges, service provider names if no current appointment is scheduled).					
<b>Section III: Relative Information:</b>					
<b>A. Relatives known at time of referral:</b>					
<b>B. Maternal and paternal relatives who may be considered a placement resource – attach central registry check for each and any specific court recommendations (This does not indicate approval for placement.):</b>					
<b>C. Maternal and paternal relatives who are NOT to be considered a placement resource and state the reason:</b>					
<b>D. Other relatives who were notified of the child's placement and may be explored as possible supports/placements:</b>					
<b>Section IV: Non-Related Kin Information</b>					
<b>A. Non-related kin known at the time of referral</b>					
<b>B. Non-related kin who may be explored as a possible placement resource:</b>					

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**C. Non-related kin who are NOT to be considered a placement resource and state the reason:**

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