

## Instructions for Initial Referral to Out of Home Placement Provider for Child in DCF Custody

**PURPOSE:** To inform the Case Management Provider that a child is referred for out of home placement and to provide the essential information to make initial plans to take the child into care.

**TIME LINES:** The Case Management Provider has up to four hours from the receipt of this document to take physical custody of the child.

**INSTRUCTIONS:** The Initial Referral is to be e-mailed to the Provider when a child is in need of an out-of-home placement. If referring a sibling group, a PPS 5110 must be completed for each child referred. If information necessary to complete these forms is not available at the time of referral, please note this on the forms. (The DCF social worker is encouraged to telephone the Provider before or at the point of referral whenever possible to alert them to the referral).

**Section I:** Check the box if this is a Change of Venue case and send the PPS 5110 to both the sending and receiving CWCMP. Check the box if the case was an open referral to the Family Preservation contractor at the time of referral. Enter the: child's name, DOB, and sex. Enter date and time the referral was e-mailed. If the child is re-entering out of home placement during the aftercare period, check the reinstatement box. Enter the name, address and telephone number, pager number or cell phone number and management region of the referring social worker. Provide information about the county and region listing the original removal county and region. (This is the case county entered into FACTS in the CASE screen.)

Enter the child's race, ethnicity (if applicable), and if ICWA is applicable, mark if the tribe has been contacted, and the name of the tribe. If the child is identified as Hispanic, indicate in the box for child's ethnicity one, and only one, of the following: Central or South American; Cuban, Mexican, Other Spanish Cultural Origin, Puerto Rican,-Unable to Determine, or Declined. Enter the court case #. Enter the name, address and phone numbers (home and work), Date of Birth and Client Identification Number of the removal parent(s) or caregiver, and dates of death, if applicable. Answer the question about whether the mother was married at the time of the child's birth. If unable to determine, list reason (such as child abandoned, child adopted, etc.). Enter whether the mother or father is incarcerated.

**Section II:** Enter the FACTS Case # and Client ID#, current name and location of the child, the relationship of the location to the child, and the phone number of the location.

### Removal Reason

Indicate whether DCF requested the petition for removal or not by selecting "Yes", in situations when DCF requested the petition for removal; and "No", in situations when DCF did not request a petition for removal but the court placed the child in DCF custody.

From the list of removal reasons, indicate the primary reason for removal. The primary reason for removal is the reason the child was determined unsafe resulting in DCF requesting the petition for out of home placement. In situations when DCF has not requested removal, list the reason the court placed the child in the custody of the Secretary for out of home placement. The reason for removal may differ from the reason for case assignment.

If DCF has requested the removal, the primary removal reason should be an abuse/neglect reason over a CINC/NAN reason. For example, if parents are using substances, the primary reason for removal should be what A/N occurred as a result of the substance abuse. Parental substance abuse alone is not a primary reason for removal. The substance abuse is a precipitating factor to an action or inaction on behalf of the parent which caused the concern for the safety of the child. i.e., a parent uses substances, falls asleep on the couch and a 2 year old child is found wandering alone outside on a busy highway. The primary reason for removal would be lack of supervision and the secondary or additional reason is the substance abuse.

Write in the box the secondary reason (if applicable). Also check the boxes for any additional removal reasons. If Parent abuse of any drug other than methamphetamine is one of the removal reasons mark Parent Drug Abuse. Select Parent Meth Use if one of the removal reasons is parent use of methamphetamine.

### Definitions (For Abuse/Neglect definitions see PPM 0160):

**Child's Alcohol Abuse-** Child using alcohol to the point it negatively impacts the family/child functioning

**Child's Behavior Problems-** Child's actions/behaviors negatively impacts the family/child functioning. (i.e. suicidal, danger to self or others, out of control, sexually acting out, aggressive behaviors, criminal activities, gang involvement)

**Child's Disability-** Parent/family is unable or unwilling to meet the needs of a child with a disability, not due solely to the family's lack of resources.

**Child's Substance Use-** Child using substances (excluding alcohol which is reported in Child's Alcohol Abuse) to the point it negatively impacts the family/child functioning

**Death of a Parent/Caregiver-** Parent/family is not able to care for the child due to the death of a parent/caregiver or no other resource is available.

**Inadequate Housing-** Lack of housing

**Infant Positive for Substances -** An infant (birth to age 1) with a positive drug screen, and a medical professional has not determined the

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infant is substance affected, but there is an indication services may be needed.

**Parent's Alcohol abuse-** Parent using alcohol to the point it negatively impacts the family/child functioning

**Caregiver Substance Use -** Parent using substances to the point it negatively impacts the family/child functioning (NOTE: If using alcohol, opioids or meth, select those specific codes)

**Caregiver Unable/Unavailable to Provide Care-** Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority and without services deterioration of the children's health/well-being is likely; and the children are at risk of removal.

**Parent's Incarceration-** Parent(s) incarcerated and no other resources are available to provide for the child.

**Parent Meth Use-** Parent using meth to the point it negatively impacts the family/child functioning.

**Parent Opioid Use-** Parent using opioids to the point it negatively impacts the family/child functioning.

**Relinquishment of parental rights-** In writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted.

**Runaway-** is willfully or voluntarily absent from child's home without parental consent

**Truancy-** is not attending school as required

Note: if Death of a parent or Relinquishment is chosen, please circle one.

### **Describe why child is referred for out of home placement:**

Briefly describe why the child is being referred for placement. This should describe the safety concerns present which resulted in the unsafe decision resulting in protective action.

**Additional information.** This may include risk concerns, the status of the investigation, concerns which are still being investigated.

**Section III:** Provide information regarding siblings and their current location (at home, living with other parent/caregiver, in OOH placement-and name of OOH provider. If the siblings remain in the home, include their name, Date of Birth, and Client Identification Number. Summarize any information known to the worker that should be considered in regard to placement of the siblings. (Any sibling being referred will require another PPS-5110).

**Section IV:** List important connections to be maintained for the child.

**Section V:** Enter the name, address and School District Number of the school the child is attending, the child's current grade, and educational needs.

**Section VI:** Indicate any special needs of the child in the appropriate box(es). Provide a brief explanation of any identified needs.

Provide information about child receiving any HCBS Waiver services, including contact information for the waiver case manager.

Provide date of finalization for any prior finalized adoptions.

**Section VII:** Enter the name and address of family's medical insurance carrier. Indicate if there is no insurance. List the name of the policy holder and the identification and group numbers. Please indicate if information is not available at the time of referral.

Provide information about appointments scheduled at the time of referral including date, time, place, and with whom.

List the names and telephone numbers as requested. Check which attachments are included in the referral packet.

Additional Information - Use the space provided to provide any other pertinent information the Provider should have at the time the physical custody of the child is given to the Provider, (i.e., family has history of violence, drug abuse, pending JO charges, service provider names if no current appointment is scheduled, reason for change of venue, etc.)

**Attachments:** Check items attached to the referral form.

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