

**Referral for QRTP Assessment
 For Child in DCF Custody**

SECTION I: Identifying Information

Child's Name: _____	Child's DOB _____	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Client ID: _____	Date Referred: _____	Time Referred: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
FACTS Case Number: _____	Permanency Goal: _____		
CINC Court Case Number: _____	Judicial District: _____		
Parent/Caregiver Name: _____	Parent/Caregiver Name: _____		
Address: _____	Address: _____		
Phone: _____	Phone: _____		

SECTION II: Agency Contact Information

Referring CWCMP Case manager: _____	Phone: _____
Address: _____	Email: _____
DCF Foster Care Liaison: _____	Phone: _____
Address: _____	Email: _____

SECTION III: Child's Placement Information

Date of QRTP Placement: _____	
Name of Child's Current Placement: _____	Email Address: _____
Address: _____	Phone Number: _____

SECTION IV: Other Individuals able to provide information on child's functioning (IE: Foster Parents, School Personnel, Therapists, etc.)

Name	Relationship to Child	Contact Information

SECTION V: Rationale for requesting an assessment for QRTP placement (Presenting problem and/or description of child's behaviors)

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Attach all completed assessments to assist with the functional assessment of the child. These assessments may include, but are not limited, to the following:

- | | |
|--|---|
| <input type="checkbox"/> Structured Decision Making (SDM) | <input type="checkbox"/> Child and Adolescent Functional Assessment Scale (CAFAS) |
| <input type="checkbox"/> Child Stress Disorder checklist-KS (CSDC-KS) | <input type="checkbox"/> North Carolina Family Assessment Scale (NCFAS) |
| <input type="checkbox"/> Child Report of Post-Traumatic Symptoms (CROPS) | |
| <input type="checkbox"/> Parenting Stress Index – Short Form (PSI-SF) | |
| <input type="checkbox"/> Individual Education Plan (IEP) | |

Once this form is complete please email to: QRTP@healthsrc.org

Call HealthSource Integrated Solutions Program administration support to discuss referral: 785-291-9138

