

Family Preservation Referral

Case Name:			<input type="checkbox"/> Initial Referral	<input type="checkbox"/> Resumption of Services
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>		
Date of Initial referral:		Time of Initial Referral:		Date of Resumption of Services:
Address of family:				
City, State, Zip:		County where family resides:		
Contact name/number(s) for family:				
Non- residential parent(s):	Name:	Address:	Phone:	
	Name:	Address:	Phone:	
	Name:	Address:	Phone:	
FACTS Case # (When Available):		CPS Specialist:		
Case Name Client ID #:		CPS Specialist's Best Contact Number:		
Local DCF Office:		CPS Specialist's Email:		
DCF Region:		DCF Supervisor:		
Referred to Provider Agency:		DCF Supervisor's Best Contact Number:		
Family Preservation Liaison Assigned?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If yes, list name</i>):	Family Preservation Liaison Phone Number:		
Dates/Times CPS Specialist/Family Preservation Liaison is available for Initial Family Meeting:				
SECTION I: Additional Family Information				
Case participants:				
Date Family Preservation Services accepted?				
Date of last contact with family?		Type of contact: <input type="checkbox"/> In Person <input type="checkbox"/> Phone		
Are there language barriers? <input type="checkbox"/> No <input type="checkbox"/> Yes		<i>Explain:</i>		
Has an interpreter been used with this family? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If yes, list name and number below</i>)				
Name of Interpreter:		Contact Number of Interpreter:		
Worker Safety Issues: (<i>Explain</i>)				
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? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If yes, list Tribal Affiliation</i>): <i>Name of Enrolled Family Member(s):</i>				

Family Preservation Referral

SECTION II: Court Involvement		
Is/are any child(ren) in this family in DCF custody? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, list names below with date of custody and next court hearing for each)</i>		
Name of Child:	Date of Custody:	Next Court Hearing Date:
Name of Child:	Date of Custody:	Next Court Hearing Date:
Name of Child:	Date of Custody:	Next Court Hearing Date:
Name of Child:	Date of Custody:	Next Court Hearing Date:
If there is a child(ren) in custody, when is the next custody case plan due?		
Is there other court involvement for any of the family members? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, list names, etc. below)</i>		
Name:	Date/location of Court Hearing:	Type of Court Hearing*:
Name:	Date/location of Court Hearing:	Type of Court Hearing*:
Name:	Date/location of Court Hearing:	Type of Court Hearing*:
*Types of Court Hearings: CINC: Temporary Custody, Adjudication, Disposition, Review, Other: Juvenile Offender: Adjudication, Disposition, Revocation, Other:		
*Types of Adult Court Hearings: Family Court/Divorce Custody; Criminal, Other:		
Court Case Number(s):		Judicial District/County or Judge:
Has the court ordered Family Preservation Services? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, list court date, case number and court below)</i>		
Next Court Date(s):	Court Case Number:	Judicial District/County or Judge:
Section III: Reason for Referral		
Presenting Problem: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Family In Need of Assessment <input type="checkbox"/> Pregnant Woman Using Substances		
If applicable, check status of child abuse/neglect investigation: <input type="checkbox"/> In Process <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Affirmed <input type="checkbox"/> Substantiated		
Is this referral the result of a Juvenile Offender case? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the Family Based Assessment (FBA), PPS 2030 series, been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Synopsis of Reasons for Referral:		
Safety Concerns: <i>(List all safety concerns to be addressed below)</i>		

Family Preservation Referral

Protective Factors to Mitigate Safety Concerns: *(Include family's strengths, resources and actions taken to help protect children; Appendices 2J, 1B, and/or 2F may be used for guides)*

Risk Factors: *(List known risk factors below)*

Protective Factors to Mitigate Risk Factors: *(Include family's strengths, resources and actions taken to help protect children; Appendices 2J, 1B, and/or 2F may be used for guides)*

Prior DCF involvement and/or services? No Yes If yes, provide details of prior DCF involvement:

Section IV: Service Needs

Is any family member receiving mental health services? No Yes *(If yes, complete the following:)*
 Has any family member received mental health services in the past?

Name of Family Member	Name of Past/Current Therapist or Case Manager

Does any family member have suspected or confirmed substance use concerns? No Yes *(If yes, complete the following:)*

Name of Family Member	Type of Substance Used	Has a drug screen, evaluation, or court confirmed substance use? If yes, when?

Is this a Pregnant Woman Using Substances (PWS)? No Yes *(If Yes, check if opioids or non-opioids)* Opioids Non-Opioids

List current services being provided through a Client Purchase Agreement and indicate if authorized by DCF to continue. If there are no services, write "none" in the space below.

Service	Provider	DCF Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Preservation Referral

Section V: Signatures

Completed by:	Date:	Time:
Supervisor Electronic Signature:	Date:	

Send the following forms to the Provider (check all that apply):

- PPS 1000 Face sheet – Required
- PPS 2007 Plan of Safe Care per PPM 2050, if applicable
- PPS 2020 Assessment Map
- PPS 2021 Immediate Safety Plan (if applicable)
- PPS 3050 Family Service/Preservation Plan for Child Not in Custody, if applicable
- PPS 3051 Permanency Plan for Child in Custody, if applicable

Note: DCF CPS Specialist shall be available to FPS provider staff for two hours following referral.

Distribution: 1. Provider Agency File 2. Regional Support Services Program Consultant 3. DCF Case Record

