

## Family Preservation Referral Instructions

The PPS 4200 Family Preservation Referral shall be completed for each family referred to the Family Preservation Services (FPS) provider.

**Case Name:** Enter the last name, first name and middle initial of the FACTS case head.

**Initial Referral:** An initial referral is the referral on the case head (head of household).

**Resumption of Services:** Select when the case has been closed and the family needs additional Family Preservation Services during initial service period, the Case Management Provider shall be responsible for providing these services without a new referral through the end of the service period.

**Address of family:** Enter the address where the family can be located/contacted.

**County where family resides:** Enter the county where the family resides and can be located.

**Contact name/number for the family:** Enter the phone number where the head of household can be contacted.

**Non- residential Parent(s):** List names, addresses and phone numbers of all non- residential parents who do not reside in the household. There is space to include three parents. If there are more than three parents, please add additional lines to the form.

**FACTS Case #:** Enter the FACTS Case number for the head of household.

**CPS Specialist:** Enter the name of the assigned DCF CPS Specialist.

**Case Name Client ID#:** Enter the Case name Client ID number associated with the family head of household.

**CPS Specialist's Best Contact Number:** Enter the best phone number to contact the CPS Specialist for two hours after the referral is made, including area code.

**Local DCF office:** Enter the name of the DCF office where the CPS Specialist is located.

**CPS Specialist's Email:** Enter the email address where the CPS Specialist can be contacted.

**DCF Region:** Enter the region the family resides in: Kansas City, East, West or Wichita.

**DCF Supervisor:** Enter the name of the CPS Specialist's Supervisor.

**Referred to Provider Agency:** Enter the name of the FPS Provider receiving the referral.

**DCF Supervisor's Contact Number:** Enter the best phone number to contact. the CPS Specialist's Supervisor.

**Family Preservation Liaison Assigned:** If a Family Preservation Liaison is assigned, check yes and put the

name and phone number of the liaison. If there is no Family Preservation Liaison, check no and leave the name and phone number blank.

**Dates/Times CPS Specialist/Family Preservation Liaison is available for Initial Family Meeting (IFM):**

Enter the best time and date(s) for the CPS Specialist to participate in the Initial Family Meeting to be held within 48 hours of the referral date. The FPS provider will try to accommodate the CPS Specialist's time, with the understanding the family's schedule will be the priority.

**SECTION I: Additional Family Information**

**Case Participants:** Indicate the names of all family members, including children, who shall participate in Family Preservation Services.

**Date Family Preservation Services Accepted:** Indicate the date the family accepted Family Preservation Services.

**Date of Last Contact with Family:** Indicate the last date the CPS Specialist had contact with the family.

**Type of Contact:** Check the box for in person contact or phone contact with the family.

**Are there language barriers:** Check the box no or yes if there are language barriers to working with the family and if yes, explain/describe what the barriers are.

**Has an interpreter been used with this family:** Check the box for no or yes, and if yes, list the name and phone number to contact the interpreter on the line below.

**Worker Safety Issues:** Describe and explain all worker safety issues in the household, including-weapons in the home, aggressive animals on the property, illegal drugs being used, persons with felony convictions in the home, and environmental hazards.

**Indian Child Welfare Act (ICWA):** If any family member is an enrolled member of a recognized Native American Tribe or eligible to be enrolled, check the box yes and list the name of the Tribe and the name of the enrolled member.

**SECTION II: Court Involvement**

**Is/are any child(ren) in this family in DCF custody:** Check no or yes, to indicate if there are children in the home in DCF custody. If "Yes" is checked, provide the names of the children in DCF custody, date of custody and the next court hearing date in the spaces below.

**If there is a child in custody, when is the next custody case plan due:** Indicate the date the next child case plan is due to DCF.

**Is there other court involvement for any of the family members:** Check the box for yes or no and if yes, list

the name(s) of the children who are not in custody and/or other family member(s) who are involved in any type of court, the date and location of the court hearing, and the type of court hearing, in the spaces provided. Refer to the lists of possible types of court hearings for children or adults.

**Court Case Number(s):** Provide the case number(s) of all court cases involving a child or other family member.

**Judicial District or Judge:** Provide the number of the Judicial District, county and/or name of the presiding judge.

**Has the court ordered Family Preservation Services:** Check the box for no or yes.

**Is any other family member involved with another type of court:** Check No or Yes, if yes, list the next court date, court case number and judicial district, county or judge, if known, in the spaces provided below.

### **Section III: Reason for Referral**

**Presenting Problem:** Check the presenting reason for the referral: Abuse, Neglect, Family In Need of Assessment or Pregnant Woman Using Substances

**If applicable, give status of child abuse/neglect investigation:** Check if an investigation is in process, unsubstantiated, affirmed or substantiated.

**Juvenile Offender:** Check the box no or yes if the referral is the result of a Juvenile Offender case, refer to PPM 2746 E. for criteria.

**Synopsis of Reasons for Referral.** Provide information so the Family Preservation Services provider will know why the family is being referred and what issues DCF expects the provider and the family to address.

**Safety Concerns:** List all safety concerns to be addressed by the FPS provider prior to case closure, to ensure the safety of the children in the home.

**Protective Factors to Mitigate Safety Concerns:** List family's strengths, resources and/or actions taken to help protect the children and address the safety concerns. Appendices 2J, 1B, and/or 2F may be used for guides. Include all safety plans or safety services.

**Risk Factors:** List all risk factors that place the children at risk of maltreatment or out of home placement to be addressed by the FPS provider.

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

**Prior DCF involvement and/or services:** Check yes if there is documentation in FACTS, KIDS or KIPS of prior DCF involvement and/or if services were provided before the current referral.

#### **Section IV: Service Needs**

**Has/is any member of the family received/receiving mental health services:** If yes, provide the name of the family member who has or is receiving mental health services and provide the name of the past or current therapist and/or case manager, if known.

**Does any family member have suspected or confirmed drug or alcohol issues:** Check No or Yes. If yes, provide the name of the family member and, if confirmed, provide information regarding how and when drug or alcohol issues have been confirmed, including positive drug screens, drug charges in court, self-report, etc., in the spaces provided.

**Type of Drugs Used:** Indicate the type of drugs used and by which family member(s), if known.

**Is this a Pregnant Woman Using Substances (PWS)?** Check yes or no. If yes, check if opioids or non-opioids.

**List current services being provided through a Client Purchase Agreement:** List the services provided and the provider in the blanks. Check no or yes, if authorized by DCF to continue, if any. If there are no services, write "none" in the space below.

#### **Section V: Signatures**

**Completed by:** List the name of the CPS Specialist completing the referral.

**Date:** Indicate the date the referral was provided to the Family Preservation Services provider. This is the same date as the referral date above.

**Time:** Indicate the time the referral was provided to the Family Preservation Services provider.

**Supervisor or Designee Signature and Date:** The DCF Supervisor or designee, who approved the referral for Family Preservation Services, provides a signature and date of approval on the form. This signature may be electronic.

**Send the following forms to the Provider:** Check the forms which are provided at the time of referral to the Family Preservation Services provider.

**Note:** The DCF CPS Specialist shall be available by phone for the Family Preservation Services provider to contact, for at least two hours following the referral, to discuss/staff the referral and arrange a meeting with the family within 48 hours.

**Distribution:** Copies of this form and attachments shall be filed in the Family Preservation Services provider's file and the DCF Case Record. A copy of the referral shall also be provided to the Regional Support Services Program Consultant at the time of referral.

