

**Family Preservation  
Acknowledgment of Referral/Changes/Closure  
INSTRUCTIONS**

This form is used to document acknowledgment of referral, case updates changes, and closures. This form shall be completed by the Provider and sent to DCF within 24 hours of initial referral for Family Preservation services.

**Reason for Submission:**

Please check the appropriate box to alert DCF staff of the reason this form is being completed and sent.

**Check Initial/Acknowledgment of Referral if:** This is an Acknowledgment of the original referral by DCF.

**Check Drug Toxicology Results/PWS referral to Medicated Assisted Treatment if:** This is a notification of infant's birth and drug toxicology results or notification of a Pregnant Woman Using Substances being referred to Medicated-Assisted Treatment.

**Check Resumption of Services if:** This is an Acknowledgment that Family Preservation intensive services have resumed.

**Check Corrected Copy if:** This is notification that the information previously submitted was in error and the current submission is a correction.

**Check Status Change if:** This is notification the case status is changing. See Section V.

**Check Non-Completion of Case Plan if:** the family refuses further services prior to the case plan.

**Check Closure if:** This is notification of case closure.

**SECTION I Case Identifying Information**

Information in this section identifies the case head and verifies to DCF the Provider is using the same identifying information as DCF. This section is completed every time the form is completed. When reporting court case number, provide the number of the court case which resulted in the current referral for family preservation.

**SECTION II Acknowledgment of Referral**

Information in this section is required only for Initial Acknowledgment of the referral for Family Preservation.

**SECTION III Provider Staff Identifying Information**

Information in this section is required for initial acknowledgment of the referral.

**SECTION IV Pregnant Woman Using Substances**

Information in this section is required for family preservation services to pregnant women using substances. This section is completed when the woman gives birth. Indicate if drug toxicology testing was completed or not. If completed, indicate the date and the results. For opioid use only, indicate the date the pregnant woman was referred to Medication-Assisted Treatment.

**SECTION V Case Status Change**

Check appropriate boxes to indicate the case status change. If other is selected type in the reason for case closure.

**SECTION VI Case Closure/Payment Cessation**

Check appropriate boxes to indicate reason for case closure. If other is selected, type in the reason for case closure.

