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| **The following must be true for referral of Family First Prevention Services:**  Prevention Plan (PPS 4300) Completed  Child(ren) is identified as a Candidate for Foster Care on Prevention Plan (**Exception**: youth in foster care who is parenting and/or pregnant, fill out PPS 3051, Section 7, then continue with this form.)  Is this a continuation of services after the 1-year expiration date of a family’s prevention plan?  Yes  No  FACTS: If yes is checked, enter Date of Referral on this form in AchDt field. Look for Date of Referral\*, below in Section I |

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| **SECTION I: Identifying Information – Completed by CPS Specialist/FC Liaison/IL Coordinator** | | | | |
| Case Head Name: | Case Head Client ID: | | FACTS Case #: | FACTS Event #: |
| Address of Family:  City, State, Zip:  County where family resides: | | Phone number:  Best way to contact family (phone, text, person, other): | | |
| Non-custodial Parent(s) Name:  Address: Click or tap here to enter text.  City, State, Zip:Click or tap here to enter text. | | Phone:  Best way to contact family (phone, text, person, other): | | |
| 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?  No  Yes (If yes, list Tribal Affiliation):  Name of Enrolled Family Member(s): | | | | |
| Referring CPS Specialist / Foster Care Liaison/IL Coordinator:  Email:  Phone number(s):  Family First Regional Email (check one below)  **Northwest Region**  DCF.WERFFLiaison@ks.gov  **Southwest Region**  DCF.WERFFLiaison@ks.gov  **Wichita Region**  DCF.WROFF@ks.gov  **Northeast Region**  DCF.NortheastFamilyFirst@ks.gov  **Southeast Region**  DCF.SoutheastFamilyFirst@ks.gov  **KC Region**  DCF.KCRegionFamilyFirst@ks.gov  CPS or Foster Care Liaison Supervisor:  Date of Intake Assignment: Click or tap to enter a date.  Date of Referral\* (must be same date sent to provider): Click or tap to enter a date.  DCF Office (if applicable)/Region/County:  List any other DCF division or employee actively involved with the family if applicable (Name/role): | | Is there a current CINC case:  Yes No If yes:  Court Number:  Next Court Hearing/Division:  Any child in the family in DCF custody:  Yes No If yes, Name:  Answer the following: Is this referral due to a Juvenile Offender case? (FACTS CODES in parentheses  Yes (JO01N)(PSW) No  Is the referral for a pregnant youth in foster care?  (FACTS CODES in parentheses if checked yes)  Yes (FC01N)(FGC) No  If yes, Name:  If the referral is for a parenting youth in foster care is their child:  Not in custody (FC02N)(FGC)  In custody of the Secretary (FC03N)(FGC)  Name of parenting youth:  Child’s name: | | |

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| **List all children in the home** | **Age at referral** | **Client ID** |
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| **List all children in the home** | **Age at referral** | **Client ID** |
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| **SECTION II: Type of Case** (Check program and, if applicable, appropriate grantee available in your region)- **Completed by CPS Specialist/Foster Care Liaison/IL Coordinator** | | | |
| **Kinship Navigator (**FK01N**)** | **Mental Health (**FM01N) | **Parent Skill Building (**FI01N**)** | **Substance Use Disorder (**FS01N) |
| KINTECH- Kansas Legal Services (NIT) | Family Centered Treatment- Saint Francis (FCT)  MST - Multisystemic Therapy- Community Solutions (MST)  Functional Family Therapy-Cornerstones (FFT)  Parent Child Interaction Therapy  Horizons (THP)  TFI Family Services (PCI) | ABC- Project Eagle/ LiveWell (ABC)  PAT- KPATA (PAT)  HFA - Healthy Families America  Great Circle (HFB)  Kansas Children’s Service League (HFA)  Family Mentoring- CAPS (NPP)  Fostering Prevention – FAC (FSP) | DCCCA Seeking Safety (MMT)  Parent Child Assistance Program, PCAP- Kansas Children’s Service League (PCA)  Seeking Safety- Saint Francis (SES) |
| **NOTE FOR FACTS STAFF:**  **(FACTS codes)** |
| **SECTION III: Family First Referral Opening – Completed by CPS Specialist/FC Liaison/IL Coordinator** | | | |
| **Reason for Referral (**Describe what brought the family to the attention of the agency, why is the family being referred for specified services, and historical involvement with agency): | | | |
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| **Required attachments for Family First Prevention Services:**  A/N referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map  FINA referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map  All cases; PPS 4300 Prevention Plan  All cases; PPS 2021 Immediate Safety plan if applicable  Attach and email all forms to the grantee/provider, regional Family First mailbox and your region’s FACTS mailbox  **GRANTEE:** Acknowledge receipt of referral within 24 hours  *(Grantee portion, continued next page)* | | | |

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| **SECTION IV: Timely engagement – Completed by Grantee -** Assessment and/or review of prevention plan with family to occur within 2 business days of referral. Provide initial contact date below and submit to emails listed at the end of this form for the appropriate region within 5 business days of initial contact. Use the email subject line:  FF\_county abbreviation\_Lastname\_Firstname\_4310\_Initial Contact | | |
| **Name of Grantee:**  **Date of Initial contact with Family:** Click or tap to enter a date. | **Referred Service Category:**  Kinship Navigator **(**FK01N**)**  Mental Health **(**FM01N)  Substance Use Disorder **(**FS01N)  Parent Skill Building **(**FI01N**)** | |
| **Name of Grantee Assigned Worker:** | **Email:** | **Phone:** |
| **Name of Grantee Assigned Supervisor:** | **Email:** | **Phone:** |
| **SECTION V: Closure of Family First Prevention Services – Completed by Grantee** At time of case closure, add date, closure reason, and summary below. Submit to emails listed at the end of the form for the appropriate region within 5 business days of closure. Use the email subject line: FF\_county abbreviation\_Lastname\_Firstname\_4310\_Closure | | |
| **Name of Grantee:**  Click or tap here to enter text.  **Closure Date:** Click or tap to enter a date. | **Referred Service Category:**  Kinship Navigator **(**FK01N**)**  Mental Health **(**FM01N)  Substance Use Disorder **(**FS01N) Parent Skill Building **(**FI01N**)** | |
| **Closure Reason:** **(Completed by Grantee)** Select reason case is closing and provide a summary reason for case closure.  Retraction within 5 days of referral. *Exception: Family determined ineligible after 5-day window* (FACTS Code: JD)  ***The following are applicable after 6+ days***  Family declined or chooses to end services after 5 days of referral. (FACTS Code: CD)  Family is not progressing or addressing issues/needs identified in the prevention plan. (FACTS Code: AD)  Child was removed from home; a referral was made to the Reintegration/Foster Care/Adoption provider. (FACTS Code: LD)  Unable to locate the family or family moved out of provider services area or out of state. (FACTS Code: MV)  Family has successfully completed services. (FACTS Code: CM) | | |
| **Closure Summary: (Completed by Grantee)** Provide a description of the family’s progress/functioning at closure, a summary of the reason for closure, or special circumstances leading to closure. If applicable, document attempts to locate or engage family. | | |
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**Grantees: Return the form to the following emails for the appropriate region where the family resides**

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| **Region** | **FACTS email inbox** | **Family First email inbox** | **Referring Child Protection Specialist or Foster Care Liaison (listed in Section I)** |
| Northwest | DCF.WERFP@ks.gov | DCF.WERFFLiaison@ks.gov | Both |
| Southwest | DCF.WERFP@ks.gov | DCF.WERFFLiaison@ks.gov | Both |
| Wichita | DCF.WROCPFP@ks.gov | DCF.WROFF@ks.gov | Both |
| Northeast | DCF.EastFacts@ks.gov | DCF.NortheastFamilyFirst@ks.gov | Both |
| Southeast | DCF.EastFacts@ks.gov | DCF.SoutheastFamilyFirst@ks.gov | Both |
| Kansas City | DCF.KCMFactsUnit@ks.gov | DCF.KCRegionFamilyFirst@ks.gov | Both |

**END FORM**