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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.govCPS 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**