

Referral for QRTP Assessment For Child in DCF Custody

SECTION I: Identifying Information

Child's Name:	Child's DOB:	Male/Female
Client ID:	Date Referred:	Time Referred: AM/PM
FACTS Case Number:	Permanency Goal:	
CINC Court Case Number:	Judicial District:	
Parent/Caregiver Name:		Parent/Caregiver Name:
Address:		Address:
Phone:		Phone:

SECTION II: Agency Contact Information

Referring CWCMP Case manager:	Phone:
Address:	Email:
DCF Foster Care Liaison:	Phone:
Address:	Email:

SECTION III: Child's Placement Information

Date of QRTP Placement:	
Name of Child's Current Placement:	Email:
Address:	Phone:

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SECTION IV: Other Individuals able to provide information on child's functioning (IE: Foster Parents, School Personnel, Therapists, etc.)

Name:

Relationship to Child:

Contact Information:

SECTION V: Rationale for requesting an assessment for QRTP placement (Presenting problem and/or description of child's behaviors)

Attach all completed assessments to assist with the functional assessment of the child. These assessments may include, but are not limited, to the following:

Structured Decision Making (SDM)

Child Stress Disorder checklist-KS (CSDC-KS)

Child Report of Post-Traumatic Symptoms (CROPS)

Parenting Stress Index – Short Form (PSI-SF)

Individual Education Plan (IEP)

Child and Adolescent Functional Assessment Scale (CAFAS)

North Carolina Family Assessment Scale (NCFAS)

