Interagency Family Preservation Services (IFPS)
Referral Form

Date: _____

I. Referral Source:

_____ DSS _____ DJS _____ Health Dept _____ Public School

_____ Mental Health _____ Self Referral _____ Other

Contact Name: _____ Email: _____

Agency Name: _____

Phone Number : _____ *Other Number*: _____

Will you (referral source) be a part of the Team? Yes or No If No, name alternate: _____

Has family agreed to be referred to IFPS? Yes or No Date agreed: _____

III. Primary Caregiver (PCG)

_____

Last Name First Name Role/Relationship to identified child(ren):

_____

DOB Social Security Number Race Gender

_____

Street Address City State Zipcode

_____

Home Telephone Work Telephone Cellphone

Is an interpreter needed: Y/N Language: _____ _____

Permanent/Temporary Address: (circle one) Risk of Eviction/Homeless? Yes or No

IV. Family Members/Household/Significant Others ——— Include at-risk child(ren)

1. _____

Last Name First Name MI Gender Race

SSN: _____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG? _____ Name of School/Grade: _____ IEP? Y or N

Family Members/Household/Significant Others - continued

2. _____
Last Name First Name MI Gender Race

SSN:_____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG:_____ Name of School/Grade: _____ IEP? Y or N

3. _____
Last Name First Name MI Gender Race

SSN:_____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG:_____ Name of School/Grade: _____ IEP? Y or N

4. _____
Last Name First Name MI Gender Race

SSN:_____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG:_____ Name of School/Grade: _____ IEP? Y or N

5. _____
Last Name First Name MI Gender Race

SSN:_____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG:_____ Name of School/Grade: _____ IEP? Y or N

6. _____
Last Name First Name MI Gender Race

SSN:_____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG:_____ Name of School/Grade: _____ IEP? Y or N

7. _____
Last Name First Name MI Gender Race

SSN:_____ DOB: _____ Team Member?: Yes or No Is child At-Risk? Yes or No

Relation to PCG:_____ Name of School/Grade: _____ IEP? Y or N

V. Reasons for Considering Placement in Out-of-Home Care: (check all that apply & further explain in Section VI)

Identified Risk Factors bringing this family to IFPS:

- ☐ Inappropriate/harsh discipline
- ☐ Lack of supervision
- ☐ Parental immaturity/lack of parenting skills
- ☐ Substance (alcohol or drugs)
- ☐ Adolescent parent
- ☐ Psychiatric hospitalizations(s)
- ☐ Unrealistic expectations of child(ren)
- ☐ Child(ren) in parental role
- ☐ Child Welfare history (CPS, FC, etc.)
- ☐ Parents lost parental rights to other child(ren)
- ☐ Financial issues
- ☐ Housing issues
- ☐ Family conflict
- ☐ Domestic violence
- ☐ Parental over-involvement with child(ren)
- ☐ Chronic illness/disability (parent &/or child)
- ☐ Medical issues (parent &/or child)
- ☐ Mental health issues (parent &/or child)
- ☐ Suicidal ideation (parent &/or child)
- ☐ Deficits in support system
- ☐ Child has conduct/behavioral problems
- ☐ Runaway
- ☐ Delinquency
- ☐ Violation of probation
- ☐ School attendance, failure, suspension, expulsion
- ☐ Community resource have been accessed
- ☐ Other (specify):_____

Identified Strengths:

- ☐ One adult in home will perform parental duties
- ☐ Adult(s) has cognitive capacity to learn
- ☐ Adult(s) has demonstrated some degree of compliance with an agency
- ☐ Adult(s) is motivated to change
- ☐ Adult (s) is receptive and utilizes community support & extended family
- ☐ Adult(s) has appropriate understanding of expectations of child(ren)
- ☐ Family has history of using help successfully
- ☐ Adult(s) accepts responsibility for destructive behavior(s)
- ☐ One adult can control behaviors and protect child
- ☐ One adult provides some of the child's basic needs
- ☐ Destructive behavior is low frequency
- ☐ One parent is substance-free; if in recovery, at last 6 months
- ☐ Parent is employed
- ☐ One adult can defer own needs for the needs of the child(ren)
- ☐ Family expressing few stressors, is relatively stable
- ☐ Adult(s) has some impulse control
- ☐ Child has capacity for self-protection
- ☐ Destructive behavior is not pervasive
- ☐ Adult(s) sought intervention
- ☐ Family has other children who have not been harmed
- ☐ Adult-child relationship has positive components
- ☐ Other (specify):_____

Services needed (check all that apply):

- ☐ Child support enforcement
- ☐ Clothing
- ☐ Day care
- ☐ Energy assistance
- ☐ Financial / budgeting
- ☐ Furniture / appliances
- ☐ Housekeeping
- ☐ Housing (rent, repair, relocation)
- ☐ Mental health treatment - family counseling
- ☐ Mental health treatment - individual counseling
- ☐ Mental health – group counseling
- ☐ Mental health – substance abuse counseling
- ☐ Nutrition
- ☐ Work assistance/ Employment
- ☐ Parenting
- ☐ Physical / health-related
- ☐ Social / Interpersonal skills
- ☐ Telephone / utilities
- ☐ Transportation
- ☐ Other (specify):_____

VI. Additional Information

1. Explanation why you believe child(ren) are at imminent risk of out-of-home placement (please be specific):

2. Changes that need to occur to avoid placement: _____

3. Other relevant information about this family's situation (history of services, deaths in family, prior home placements etc.)

VII. List Current Support/Contacts Available to Family (agencies, therapists, family, friends, religious, work)

	Contact Person	*Agency*	*Phone*
1.			
2.			
3.			
4.			
5.			

List Previous Out-of-Home Placements/Hospitalizations (If appropriate)

1. _____
2. _____
3. _____
4. _____
5. _____

List History of Involvement with Child Welfare, Court, Medical, Other Programs/Services)

1. _____
2. _____
3. _____
4. _____
5. _____

VIII. Signatures

Based on the foregoing information, I believe the above named child(ren) is/are at imminent risk of an out-of-home placement and are appropriate for Interagency Family Preservation Services (IFPS). Documentation to support risk factors and other information will be attached this referral.

Referring Worker's Signature Date

I understand that my family is being referred for Interagency Family Preservation Services (IFPS) so my child(ren) can continue to live at home. I agree to be contacted by the IFPS worker

Signature of Primary Caregiver Date

For Agency Use Only

CIS / CHESSIE Number:	**SCYFIS Case No:**	
RECEIVED BY:	**Date:**	**Time:**
ASSIGNED TO: ☐ ☐	**Date:**	**Time:**