

SAMPLE REFERRAL FORM FOR CHILD PROTECTIVE SERVICES (CPS) and FOSTER CARE (FC) CHILD CARE SERVICES

CPS/FC Social Worker: _____ Date: _____

Placement Referral: [] Change [] Redetermination [] Quarterly Review [] Termination [] Waiting List [] New Placement

Attached is a copy of the Face Sheet and Application for Child Care Services (if applicable)

Case Name: _____ Case Number: _____

1st Parent/RA Name _____ Date of Birth _____

2nd Parent/RA Name _____ Date of Birth _____

What is the 1st Parent/RA's Relationship to the child?

[] Parent [] Responsible Adult [] Relative [] Licensed Foster Parent

Who has custody of the child (ren)? _____

Child's Name: _____ Child's Date Of Birth: _____

SS# (requested for child only cases.): _____ SIS ID #: _____

Sex: [] M [] F Race: [] Hispanic/Latino [] American Indian/Alaskan Native [] Asian [] Black/African American [] Native Hawaiian/Pacific Islander [] White (Check all that apply.)

The Reason Child Care Services Are Needed For Child

___ To Support Protective Services for child to remain in his/her own home (821)

Date of CPS complaint: _____ Has this report been substantiated: [] Yes [] No

Is the parent(s) employed: [] Yes [] No

___ To Support Employment (811) of:

[] Parent(s) [] Responsible Adult(s) [] Relative(s) [] Licensed Foster Parent(s)

Table with 4 columns: Name of Licensed Foster Parent, Name of Employer, Hours of Employment, Days of Employment. Rows #1 and #2.

___ To Support Education/Training (831) of:

[] Parent [] Responsible Adult [] Relative [] Licensed Foster Parent

___ To Support Developmental Needs (841): child is delayed/at risk of delays in social, emotional, physical or cognitive development. Please explain: _____

___ To Support Child Welfare Services (851)

___ Prevent Foster Care Placement ___ Help Family in Crisis

___ Support Family Reunification/Permanent Placement

Is the parent(s) employed: [] Yes [] No

Child Care Specifics

Provider Requested: _____ Provider/Facility ID#: _____

Days Care Requested: M T W Th F S S Time care requested: _____ to _____

Transportation Requested: [] Yes [] No

Reason for transportation: _____

Child care requested to begin: _____ and continue until: _____

Additional Comments: _____

Responsibility For Reporting Changes:

If there are any changes in the child's situation or foster parent employment from the information noted here, you must report the change to child care staff promptly.

CPS/FC Worker's Signature: _____ Worker# _____ Date: _____

CPS/FC Supervisor's Signature: _____ Date: _____