

Intensive Family Preservation Referring Agency Referral Form

This form may be signed by the referring Social Worker's Supervisor and sent to the IFPS program to begin a referral. The Supervisor's signature verifies that all information below is correct and the family does in fact meet the criteria for provision of IFPS services as outlined in the State's IFPS Policies & Procedures. Although this form is sufficient to begin a referral, the IFPS worker will need actual copies of forms soon after starting work with the family.

Referring Agency:	<input type="checkbox"/> Social Services	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Juvenile Justice
Referring Worker:	_____	Phone:	_____
Supervisor Name:	_____	Phone:	_____
Supervisor Signature:	_____		

Client Information:	Family Name: _____	Phone: _____
Address: _____		
Parent/Caretaker(s):	attach additional sheets if there are more caregivers/children	
1. Name:	Relationship to child: _____	Age: _____
2. Name:	Relationship to child: _____	Age: _____
Child(ren):		
1. Name:	DOB: _____	SSN (SIS if DSS): _____
2. Name:	DOB: _____	SSN (SIS if DSS): _____
3. Name:	DOB: _____	SSN (SIS if DSS): _____

DSS Referrals: check the appropriate box
<input type="checkbox"/> substantiation of abuse, neglect or dependency AND a rating of high or intensive on the Risk Assessment
<input type="checkbox"/> rating of high or intensive on the Risk Assessment AND a finding of services needed (MRS FA cases <i>only</i>)
<input type="checkbox"/> there is not a rating of high or intensive, but there has been a substantiation of abuse
DSS Risk Rating: <input type="checkbox"/> Intensive <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low Date of Substantiation: _____
If Substantiation occurred, maltreatment codes for child(ren): 1. _____ 2. _____ 3. _____
<u>Check all forms that are attached.</u> (Note: If forms not attached, please forward to IFPS worker asap)
<input type="checkbox"/> DSS 5027 <input type="checkbox"/> Family Risk Assessment or Reassessment (5230 or 5226) <input type="checkbox"/> NC Safety Assessment (5231)
<input type="checkbox"/> Family Strengths and Needs (5229) <input type="checkbox"/> Case Decision Summary/Initial Case Plan (5228)

Mental Health Referrals: check to indicate conditions for IFPS referral have been met
<input type="checkbox"/> CAFAS score of 60 or above, or a score of 30 on the parent/caregiver or moods/self harm domain AND the child's treatment team determined that without IFPS the child will be placed into a residential or inpatient setting.
<u>Check all forms that are attached.</u> (Note: If forms not attached, please forward to IFPS worker asap)
<input type="checkbox"/> CAFAS <input type="checkbox"/> Treatment Team's Decision to refer to IFPS

Juvenile Justice Referrals: check the appropriate box
<input type="checkbox"/> Adjudication of delinquent or undisciplined AND violation of probation/protective supervision, or new charges
<input type="checkbox"/> Juvenile placed on Level 2 disposition by the court
<u>Check all forms that are attached.</u> (Note: If forms not attached, please forward to IFPS worker asap)
<input type="checkbox"/> Adjudication and Disposition order

IFPS Agency: Date/Time Received: _____	Staff Assigned: _____
Action Taken: _____	