

REFERRAL FORM

FOR CONSULTATIONS AND ASSESSMENTS



For more information about this program, visit our website at <http://fcaponline.org> or contact the FCAP by phone (206) 744-1617 or email fcap@uw.edu.

One child/youth per referral.

A REFERRAL TYPES (CHOOSE ONE OR BOTH)

Consultation (by phone)

Please send:

Referral Form, Sections A-D only

WILL BE SCHEDULED WITHIN ONE WEEK

Assessment

Please send:

Referral Form (SKIP SECTION D)

Current court report

FCAP Release of Information for child/youth signed by Caseworker

If youth is 13 or older, FCAP Release of Information for youth signed by youth as well

If reunification is a possibility, DCYF Release of Information signed by parent(s)

B DCYF INFORMATION

1. Date:

2. Caseworker:

3. Caseworker email:

4. DCYF Office:

5. Caseworker phone:

6. Supervisor:

C CHILD INFORMATION

1. Child's name:

2. Sex:

3. DOB: (YOUTH MUST SIGN FCAP ROI IF 13 OR OLDER^{*})

4. DCYF Person ID:

5. DCYF Case ID:

6. Race:

7. Hispanic?

7. Date child came into care:

8. Date of dependency:

9. Number of placements:

10. Legally free?

11. Permanent plan:

D CONSULTATION QUESTIONS (SKIP IF REQUESTING AN ASSESSMENT ONLY)

Briefly note questions for FCAP to address by phone regarding permanency and well-being:

E ASSESSMENT NEEDS

Questions for FCAP to address regarding permanency and well-being:

F PLACEMENT INFORMATION

1. Current Caregiver:

Address:

Phone:

Cell:

Email:

The caregiver(s) have been informed of this referral? Yes No

G SCHOOL INFORMATION

1. School name:

Teacher's name:

Address:

H PARENTS (SKIP IF PARENTAL RIGHTS HAVE BEEN TERMINATED)

1. Parent name:

Address:

Phone:

Cell:

Email:

2. Parent name:

Address:

Phone:

Cell:

Email:

3. The parent(s) have been informed of this referral? Yes No

I CASA/GAL AND ATTORNEY

1. Child's CASA/GAL name:

Address:

Phone:

Email:

2. Child's attorney name:

Address:

Phone:

Email:

J SERVICE PROVIDERS

Please identify the primary service providers for the child, caregivers, or family.

1. Provider name:

Agency:

Address:

Phone:

Email:

Services provided and for whom:

2. Provider name:

Agency:

Address:

Phone:

Email:

Services provided and for whom:

3. Provider name:

Agency:

Address:

Phone:

Email:

Services provided and for whom:

4. Provider name:

Agency:

Address:

Phone:

Email:

Services provided and for whom:

K ASSESSMENT ELIGIBILITY CRITERIA

Each Assessment referral must meet eligibility criteria for either a Standard Assessment or a Comprehensive Assessment before it can be accepted. Please determine which criteria are met and check the appropriate boxes. **Check all that apply in both sections.**

STANDARD ASSESSMENT

One or more of the following factors must be met.

- Placement instability due to emotional/behavioral problems of the child.
- More than eighteen months spent in out-of-home care.
- Disagreement about appropriate treatment for emotional, behavior, or educational problems.
- Uncertainty about the suitability of a caregiver as a permanency resource or disagreement about which of two or more placement options should be chosen.
- Reunification is a primary plan but the progress of one or both parents is questioned.
- The child or siblings have been the subject of one or more prior dependencies.

COMPREHENSIVE ASSESSMENT

Two or more of the following factors must be met.

- Multiple out-of-home placements.
- Chronic behavioral, emotional, physical, or educational problems.
- More than two years spend in out-of-home care.
- Assessments and evaluations have been completed, but recommendations differ as to the service plan delivery and the best treatment and placement options are unknown.
- Child or youth is prescribed five or more psychotropic medications or any antipsychotic medications.
- Repetitive criminal acts or offenses by the child (including inability to comply with court order, treatment, or with conditions of probation or parole).
- The child has been or is returning to care subsequent to a disrupted or dissolved adoption.

Reunification is a primary permanency plan but cannot proceed due to:

- One or both parents have made minimal or no progress.
- Parents have borderline capabilities with regard to caring for an exceptional needs child. An assessment will assist with determining whether the abilities match the needs.
- A successful reunification is highly unlikely, due to intractable problems with the parents, but grounds for termination are not present.
- Parents are partially or wholly compliant with services, but concerns remain about their capability.
- The family has been the subject of one or more prior dependencies.

Once complete, please return this form with required attachments (see Section A):

EMAIL:
fcap@uw.edu

FAX:
(206) 744-1615

MAILING ADDRESS:
Harborview Center for Sexual Assault
& Traumatic Stress (HCSATS)
MS 359947
325 9th Avenue
Seattle, WA 98104