

FCAP Referral Form : Comprehensive Assessment

For more information about this program contact the FCAP referral line at (206) 744-1617, fcap@uw.edu.

IMPORTANT: EACH REFERRAL MUST MEET ELIGIBILITY CRITERIA BEFORE IT CAN BE ACCEPTED. PLEASE SEE PAGE 3 OF THIS REFERRAL, DETERMINE WHICH CRITERIA ARE MET AND CHECK THE APPROPRIATE BOXES ON PAGE 3.

One child per referral.

Required attachments:

- > Court Report
- > FCAP Release of Information signed by DCYF caseworker (and signed by youth if 13 or older).
- > DSHS consent form 14-012 signed by parent(s), plus FCAP ROI, if reunification is being considered.

A. DCFS INFORMATION

1. Date:
2. Caseworker:
3. DCYF Office:
4. Caseworker phone:
5. Caseworker email:
6. Supervisor:

B. CHILD INFORMATION

1. Child's Name:
3. Gender:
3. DOB:
4. DCYF Person ID:
5. DCYF Case ID:
5. Race/Ethnicity:
6. Date child came into care:
7. Number of placements:
8. Legally free?
9. Child's School (current/most recent):

C. ASSESSMENT NEEDS

Questions for FCAP to address re permanency and well-being (physical/mental health, education, cultural identity, etc):

D. PLACEMENT INFORMATION

1. Current Caregiver:

Address:

Phone:

Cell:

Email:

Has caregiver been informed of this referral?

E. PARENTS

1. Unless parental rights have been terminated, please complete:

Parent name:

Address:

Phone:

Cell:

Email:

Parent name:

Address:

Phone:

Cell:

Email:

2. Are the parent(s) informed of the referral?

F. SERVICE PROVIDER INFORMATION (last six months)

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

1. Provider Name:

Agency:

Address:

Tel No:

Email:

Services provided and for whom:

2. Provider Name:

Agency:

Address:

Tel No:

Email:

Services provided and for whom:

3. Provider Name:

Agency:

Address:

Tel No:

Email:

Services provided and for whom:

Comprehensive Assessment Eligibility Criteria:

Two or more of the following factors must be met. Check all that apply:

- 1) Multiple out-of-home placements.
- 2) Chronic behavioral, emotional, physical, or educational problems.
- 3) More than two years spend in out-of-home care.
- 4) Assessments and evaluations have been completed, but recommendations differ as to the service plan delivery and the best treatment and placement options are unknown.
- 5) Child or youth is prescribed five or more psychotropic medications or any antipsychotic medications.
- 6) Repetitive criminal acts or offenses by the child (including inability to comply with court order, treatment, or with conditions of probation or parole).
- 7) 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:

- 8) One or both parents have made minimal or no progress, or;
- 9) 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, or;
- 10) A successful reunification is highly unlikely, due to intractable problems with the parents, but grounds for termination are not present, or;
- 11) Parents are partially or wholly compliant with services, but concerns remain about their capability.
- 12) The family has been the subject of one or more prior dependencies.