

## FCAP Referral Form : Brief 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:

**Brief Assessment Eligibility Criteria:**

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

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