

## FCAP Referral Form: CONSULTATION

Please complete first two sections and send to [fcap@uw.edu](mailto:fcap@uw.edu)

Child's name	Person ID	Case ID	Birthdate
SSS Name	Supervisor Name	DCFS Office	Phone number
Date child entered care	Date of dependency	Permanent Plan	Legally free?
Permission granted to access records in FamLink: <input type="checkbox"/>			

Briefly note barriers to permanency or concerns about well-being:

Date of Consult	Time	Consultant	

Recommendations (include specific providers and timeline)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent to DCYF: \_\_\_\_\_