**Foster Care Assessment Program Referral Form**

Thank you for referring this child to the Foster Care Assessment Program (FCAP). FCAP provides an assessment of health, education, treatment, and permanency needs to guide DCFS case planning, followed by up to six months of assistance to collaboratively develop, facilitate and monitor a service plan.

For more information about this program talk to your FCAP evaluator or contact the FCAP Manager at 206/744-1685, joce@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.

[ ]  Standard Assessment OR [ ]  Reunification Assessment

Required attachments:

>Court Report

>Standard: FCAP Release of Information signed by DCFS caseworker (and signed by youth if 13 or older).

>Reunification: DSHS consent form 14-012 signed by parent(s), plus FCAP ROI.

**A. DCFS INFORMATION**

1. Date:

2. Caseworker:

3. DCFS Office:

4. Caseworker phone:

5. Caseworker email:

6. Supervisor:

**B. CHILD INFORMATION**

1. Child’s Name:

3. Gender:

3. DOB:

4. DCFS Person 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:

1. Provider Name:

Agency:

Address:

Tel No:

Email:

Services provided:

**>> Check with your DCFS FCAP Lead or local FCAP provider about where to send completed referrals in your region <<**

**For more information, contact the FCAP Manager at 206/744-1685 or visit the FCAP website @ FCAPonline.org**

**Eligibility for Assessment**

Child must be dependent. (Exception is possible but approval needed from FCAP lead.)

For a standard assessment, Two (2)\* or more of the following factors must be present in the case. However, priority will be given to those cases where three (3) or more factors are present:

[ ] 1. Multiple out-of-home placements

[ ]  2. Chronic behavioral, emotional, physical, or educational problems

[ ]  3. More than two years spent in out-of-home care

[ ]  4. Assessments and evaluations have been completed, but recommendations differ as to the service plan delivery. Best treatment and placement options are unknown.

[ ]  5. Prescribed Psychiatric Medication:

[ ] (a) Child or youth is prescribed five (5) or more psychiatric medications;

[ ] (b) A child under the age of six is prescribed psychiatric medication for a condition other than ADHD; or

[ ] (c) Psychiatric medications have been prescribed continuously for more than two (2) years.

[ ] 6. Repetitive criminal acts or offenses

[ ] 7. Child has been or is returning to care after a disrupted or dissolved adoption.

Reunification Assessment: One (1) or more of the above criteria must be met AND one (1) or more of the following must be met:

[ ] 1. Reunification is anticipated according to the service plan, but minimal or no progress has occurred.

[ ] 2. 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.

[ ]  3. A successful reunification is highly unlikely, due to intractable problems with the parents, but grounds for termination are not present.

[ ] 4. Parents are partially or wholly compliant with services, but concerns remain about their capability.

\*If less than 2 criteria are present but the social service specialist (DCFS social worker) requests an assessment, the FCAP Lead must review and approve in order for the referral to proceed.