VER 04.20 **REFERRAL FORM**

 **FOR CONSULTATIONS AND ASSESSMENTS**

For more information about this program, visit our website at [**http://fcaponline.org**](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)** [ ]  **Assessment**

Please send: Please send:

[ ]  Referral Form, Sections A-D only [ ]  Referral Form (skip Section D)

will be scheduled within one week [ ]  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: 4. DCYF Office:

2. Caseworker: 5. Caseworker phone:

3. Caseworker email: 6. Supervisor:

**C** **CHILD INFORMATION**

1. Child’s name: 7. Hispanic?

2. Sex: 7. Date child came into care:

3. DOB: (youth must sign FCAP ROI if 13 or older\*) 8. Date of dependency:

4. DCYF Person ID: 9. Number of placements:

5. DCYF Case ID: 10. Legally free?

6. Race: 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: 2. Parent name:

Address: Address:

Phone: Phone:

Cell: Cell:

Email: Email:

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

**I CASA/GAL AND ATTORNEY**

1. Child’s CASA/GAL name: 2. Child’s attorney name:

Address: Address:

Phone: Phone:

Email: Email:

**J SERVICE PROVIDERS**

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

1. Provider name: 2. Provider name:

Agency: Agency:

Address: Address:

Phone: Phone:

Email: Email:

Services provided and for whom: Services provided and for whom:

3. Provider name: 4. Provider name:

Agency: Agency:

Address: Address:

Phone: Phone:

Email: Email:

Services provided and for whom: 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.* [x]  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: FAX: MAILING ADDRESS:**

**fcap@uw.edu** (206) 744-1615 Harborview Center for Sexual Assault

 & Traumatic Stress (HCSATS)

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