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

& Traumatic Stress (HCSATS)

MS 359947

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