Washington State Department of CHILDREN, YOUTH & FAMILIES

Foster Care Assessment Program (FCAP) Referral

Note: Refer to the FCAP services and eligibility handout prior to completing this referral. Contact the regional FCAP Lead with questions.

Date _____

Which FCAP service are you requesting *(pick only one)*? ☐ Consultation ☐ Assessment

Issues of concern for FCAP to address

Check the appropriate box(es) below

☐ The child or youth presents with chronic behavioral, emotional, physical, or academic needs.

☐ Completed assessments differ as to the service plan delivery, best treatment options, or placement options are unknown.

☐ The child or youth has been involved in repetitive criminal acts or offenses.

☐ The child or youth has been the subject of one or more prior dependencies.

☐ The child or youth has returned to an out-of-home placement after a disrupted or dissolved guardianship or adoption.

There is a difference of opinion about:

☐ Appropriate treatment for emotional, behavioral, or academic needs.

☐ One or more permanent placement options.

☐ The suitability of a caregiver as a permanent placement.

Reunification is a primary permanency plan, but cannot proceed due to:

☐ Minimal to no parent or guardian progress.

☐ Concerns whether the parents or guardians have the skills to care for the exceptional needs of the child or youth. An assessment will assist with determining whether their skills match the child's or youth's needs.

☐ Successful reunification is highly unlikely, but grounds for termination are not present.

☐ Parents or guardians are partially or fully compliant with services, but concerns remain about their ability to parent or have their own unmet needs.

Specific question(s) for FCAP to address from the issues of concern noted above related to permanency and well-being:

DCYF Information

Region _____ DCYF Office _____

Caseworker Name _____ Caseworker Email _____

Caseworker Phone _____ Supervisor Name _____

Supervisor Email _____ DCYF Case ID _____

How many children are being referred? _____

Child/Youth Information

This section is unlocked and does not contain locked text fields. Please fill in the child columns. Copy and paste table for additional children as needed or delete columns that are not needed. Once complete delete this text.

Information	Child 1	Child 2	Child 3
Name			
Date of Birth			
Race			
Gender			
DCYF Person ID			
Is child legally free?			
Date child/youth came into care			
Date of dependency			
Number of placements			
Permanent plan			
Current caregiver name(s)			
Caregiver address			
Caregiver phone number			
Caregiver email			
Name of child's school or daycare			
Parent 1 name			
Parent 2 name			
Are parental rights terminated?			
CASA/GAL name			
CASA/GAL phone			
CASA/GAL email			
Child's Attorney name			
Attorney phone			
Attorney email			
Service provider name and contact information			
Has this child/youth received a prior FCAP service? If yes, when?			
Is this referral court ordered? If yes, provide specific court order with referral			

Copy and paste above this line if needed. Once complete, delete this text.

Documents required to submit with this referral before it can be processed for approval:

- For Consultation
    - Most recent court report for each child/youth.

- For Assessment
    - Most recent court report for each child/youth.
    - If the child is aged 12 or younger, a FCAP Authorization form for each child signed by the DCYF caseworker.
    - If the youth is aged 13 or older, a FCAP Authorization form as well as the DCYF ROI (Release of Information) form signed by the youth.
    - DCYF ROI signed by the parent(s) if reunification is being considered.

  Note: The DCYF ROI must indicate what type of records or which specific agency/provider FCAP is allowed access to. Those specific boxes must be checked on the ROI form and the record/provider must be specified.

Submit this completed referral form and all required associated documents to your regional FCAP Lead for approval.

Regional FCAP Lead contacts and further FCAP information can be found here:

FCAP - Foster Care Assessment Program - DCYF Child Welfare Intranet