

REFERRAL FORM

Referral Source:	Job Title:	Phone Number:
Referral Date:	Referral Agency/School:	Agency/School Address:
Case Name:	Case Number, if applicable:	Unit, if applicable:

When are you expecting this Family Group Conference to occur?
Are there crucial deadlines that the coordinator needs to be aware of?

Identified Individual:	Date of Birth:	Race:	Last 4 digits Social Security #:
Address:			All Contact #'s:

Mother's Name:	Date of Birth:	Race:	Last 4 digits Social Security #:
Address:			All Contact #'s:

Father's Name:	Date of Birth:	Race:	Last 4 digits Social Security #:
Address:			All Contact #'s:

Please explain to what extent the family has committed themselves to the Family Group Conference Process: _____

What have you and the family and/or identified individual agreed would be the purpose of the conference? _____

If a guardian ad litem, Public Defender, Power of Attorney or Private Attorney has been assigned to the identified individual, please specify:
 Name: _____ Phone: _____ Notified: YES NO
 Address: _____

Is there an active PFA? YES NO
If yes, please list the parties involved: _____

REFERRAL FORM (cont'd)

CURRENT LOCATION OF THE INDIVIDUAL(S)* Please fill out what is applicable to your referral

<u>Identified Individual Name</u>	D O B	S e x	R a c e	<u>Type of Placement</u> i.e., home, foster, residential, etc.	<u>Address/Phone</u>	<u>Father's Name</u> for minor children	D O B	R a c e	<u>Address/All Contact Numbers</u> i.e., home, cell, work

Family Members/Resources/Supports Known to the Referring Agency

REFERRAL FORM (cont'd)

Please list all people that are instrumental to the success of the meeting and plan.

<u>NAME</u>	ADDRESS & ZIP	ALL CONTACT PHONE NUMBERS	RELATIONSHIP TO CHILD	ATTEND (coordinator use only)

REFERRAL FORM (cont'd)

Is English the family's primary language? YES NO

If no, indicate primary language: _____

If there are any cultural customs or norms that the family has that the coordinator should be aware of, list them below.

Briefly explain how you became involved with the family and/or the identified individual: _____

List Family Strengths/Protective Capacities:

- _____
- _____
- _____
- _____
- _____

List Family Concerns:

- _____
- _____
- _____
- _____
- _____

Are there any additional family dynamics the coordinator should be aware of (i.e. substance abuse, mental health or mental retardation issues): _____

If known, please indicate the history of any domestic violence within the immediate and/or extended family. Explain how this may affect the conference: _____

If known, please indicate any past or present sexual abuse amongst the family members? Explain how this may affect the conference: _____

List any safety concerns that must be considered in holding a family meeting? (This is not regarding the safety plan that the child welfare professional developed with the family, rather this relates to the safety of the individuals in the family meeting.)

If known, please indicate any accommodations that need to be made for any participant _____
