

**JD2 Infant Team
CYFD-PS Referral to Services**

Referring Source		
Person making referral: _____	Date of Referral: _____	
Position/Role: _____	Phone(s): _____	
Email: _____	Fax: _____	
Address: _____		
Notes/Requests: _____		
Supervisor _____	Phone: _____	Email: _____

Client Information (Child)		
Name: _____	DOB: _____	SS# _____
**Child FACTS Person ID Number: _____		
**Case FACTS ID Number _____		
Number of Substantiated referrals to CYFD/In Home services prior to coming into custody: _____		
Number of Unsubstantiated referrals to CYFD/In Home services prior to coming into custody: _____		
Primary Language: _____ Medical Needs: _____		
Child is currently living with/placed with: _____ Relationship to child: _____		
Address: _____ Cell: _____ Home: _____		
Parent/Caregiver Name: _____ Relationship to child: _____		
Address: _____ Phone: _____ DOB: _____		
Parent FACTS number: _____		
Parent/Caregiver Name: _____ Relationship to child: _____		
Address _____ Phone: _____ DOB: _____		
Parent FACTS number: _____		
Are there any specific cultural needs <i>(such as cultural connections or resources, hearing, vision, developmental disability, or other considerations)</i> ? _____		
Is the client Medicaid eligible? _____	Medicaid #: _____	
Client Number: _____		

Legal Information		
Judge: _____		
GAL: _____	Phone: _____	
CYFD Attorney: _____	Phone: _____	
CASA: _____	Phone: _____	
Rsp. Atty (Mother): _____	Phone: _____	
Rsp. Atty (Father): _____	Phone: _____	

CPS Actions		
Reason(s) for CPS involvement: _____		
Date of 10-day hearing: _____	Judge: _____	Note: _____

Date of Adjudication: _____ Judge: _____ Note: _____
CAPTA/EI referral: Date: _____ Agency: _____
What is the current permanency plan? _____
Who has custody? _____

Current Services being received via other providers/agencies (indicate child or parent name)

Client: _____	Agency: _____	Provider Name: _____
Client: _____	Agency: _____	Provider Name: _____
Client: _____	Agency: _____	Provider Name: _____
Client: _____	Agency: _____	Provider Name: _____

What are the initial family safety concerns and current risk factors? _____

Are there orders of protection/restraining orders in place? Describe: _____

(attach additional pages if needed)

Visitation Date and Time -

****Please attach Ex Parte and Affidavit with referral.**