



CHILD FOCUSED RECRUITMENT Referral Form

SECTION 1: CHILD INFORMATION

Date Referred:		Child Name:	
DOB:		Race:	
Gender:	SIS ID#	Previously Adopted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Legal Risk	<input type="checkbox"/> Legally Free	<input type="checkbox"/> Other	Date of TPR
Current Placement Information: <input type="checkbox"/> Relative <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Care <input type="checkbox"/> Other			
"Other" explain:			
Date entered care:	Reason:	# of Placements:	
Primary Plan:		Concurrent Plan:	
Adoption Profile requested:		Adoption Profile received:	
Monthly/Daily rate at current placement: \$		Is child "IV-E" Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2: CONTACT INFORMATION

DSS Social Worker:		County:
Address:		
Email:	Phone:	Fax:
Supervisor:	Phone:	

SECTION 3: SIBLING INFORMATION

Name of siblings (first and last)	Referred to CHS (yes or no)	Living with Child (yes or no)

Comments:

Thank you for the referral. Please email to CFR@chsnc.org