

Intensive Family Preservation Referring Agency Referral Form – DJJ

County DJJ workers may complete this form and send to an IFPS program to begin a referral. The Supervisor's signature verifies that all information below is correct and the family does meet the criteria for provision of IFPS services as outlined in the State's IFPS Policies & Procedures.

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| Referring Agency: _____ | |
| Referring Worker: _____ | Phone: _____ |
| Referring Worker's email address: _____ | |
| Supervisor Name: _____ | Phone: _____ |
| Supervisor Signature: _____ | Date: _____ |

| | | |
|-----------------------------|--|--------------|
| Client Information: | Family Name: _____ | Phone: _____ |
| Address: _____ | | |
| Parent/Caretaker(s): | attach additional sheets if there are more caregivers/children | |
| 1. Name: _____ | Relationship to child: _____ | Age: _____ |
| 2. Name: _____ | Relationship to child: _____ | Age: _____ |
| Child(ren): | | |
| 1. Name: _____ | SIS number/NCFAST _____ | DOB: _____ |
| 2. Name: _____ | SIS number/NCFAST _____ | DOB: _____ |
| 3. Name: _____ | SIS number/NCFAST _____ | DOB: _____ |
| 4. Name: _____ | SIS number/NCFAST _____ | DOB: _____ |
| 5. Name: _____ | SIS number/NCFAST _____ | DOB: _____ |

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| Department of Juvenile Justice must include one of the following: <input type="checkbox"/> There has been an adjudication that the juvenile is delinquent or undisciplined and the juvenile violates protected supervision or probation, or there are new charges. or <input type="checkbox"/> The juvenile has been placed on Level 2 disposition by the court |
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| IFPS Agency: Date/Time Received: _____ Staff Assigned: _____ |
| Action Taken: _____ |