

## Intensive Family Preservation Referring Agency Referral Form – DSS

*County DSS 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.*

<b>Referring Agency:</b> _____	
Referring Worker: _____	Phone: _____
Referring Worker's email address: _____	
Supervisor Name: _____	Phone: _____
Supervisor Signature: _____	Date: _____

<b>Client Information:</b>	Family Name: _____	Phone: _____
Address: _____		
<b>Parent/Caretaker(s):</b>	attach additional sheets if there are more caregivers/children	
1. Name: _____	Relationship to child: _____	Age: _____
2. Name: _____	Relationship to child: _____	Age: _____
<b>Child(ren):</b>		
1. Name: _____	SIS number/NCFAST _____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104)	_____
2. Name: _____	SIS number/NCFAST _____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104)	_____
3. Name: _____	SIS number/NCFAST _____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104)	_____
4. Name: _____	SIS number/NCFAST _____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104)	_____
5. Name: _____	SIS number/NCFAST _____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104)	_____
<small>*Maltreatment types are only applicable in cases with a substantiation. There are no maltreatment types for Services Needed findings.</small>		

<b>DSS Referrals:</b> Type found must be one of the following:
<input type="checkbox"/> Substantiation of Abuse, Neglect or Dependency, or a finding of Services Needed <b>AND</b> a rating of high on the Risk Assessment (DSS-5230) <b>Date of Substantiation/Svcs Needed:</b> _____
<i>Note: If Substantiation occurred, maltreatment information in previous section must be completed.</i>
<b>Required forms:</b> (Note: A referral is not complete without these forms)
<input type="checkbox"/> Family Risk Assessment or Reassessment (5230 or 5226) <input type="checkbox"/> NC Safety Assessment (5231)
<input type="checkbox"/> Family Strengths and Needs (5229) <input type="checkbox"/> Case Decision Summary/Initial Case Plan (5228)

<b>IFPS Agency:</b> Date/Time Received: _____      Staff Assigned: _____
Action Taken: _____