

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.

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: _____	Check box if child meets criteria for services	
DOB: _____		
2. Name: _____	Check box if child meets criteria for services	
DOB: _____		
3. Name: _____		
DOB: _____		
4. Name: _____		
DOB: _____		
5. Name: _____		
DOB: _____		

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

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