



## SECTION 1: CHILD INFORMATION

*\*Only referrals with a Primary or Concurrent Plan of Adoption, Guardianship or APPLA will be accepted\**

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)	
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No

**Comments:**

Thank you for the referral! Please email this form to [CFR@chsnc.org](mailto:CFR@chsnc.org)

*A limited amount of non-identifying information will be shared with an independent third-party evaluator contracted with the Dave Thomas Foundation for Adoption for fidelity management and program evaluation purposes.*