



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.

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: _____ 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) _____
*Maltreatment types are only applicable in cases with a substantiation. There are no maltreatment types for Services Needed findings.

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

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