



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:

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

The juvenile has been placed on Level 2 disposition by the court

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

Action Taken: _____