



Program Eligibility

Intensive Family Preservation



Families eligible for **IFPS services** have at least one child, age–birth through 17 years who is at imminent risk of placement in out-of-home care. Families with adopted children are eligible for referral to the program when it is determined that a disruption in the adoption placement will occur without intensive services.

For county child welfare agency referred cases:

• There has been a substantiation of abuse, neglect, and/or dependency (as determined by the county child welfare agency prior to the referral to IFPS) and there is a rating of “high” on the Family Risk Assessment (DSS-5230) or the Family Risk Reassessment (DSS-5226).

OR

• There is a substantiation of abuse, but there is no rating of “high” on the Family Risk Assessment (DSS-5230) or Family Risk Reassessment (DSS-5226).

OR

• There has been a finding of Services needed (as determined by the county child welfare agency prior to referral to IFPS) and there is a rating of “high” on the Family Risk Assessment (DSS-5230) or Family Risk Reassessment (DSS-5226).

For juvenile justice referred cases:

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

OR

• There has been an adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges.

For mental health referred cases:

• It is determined by the child’s treatment team that if IFPS is not offered, the child would be referred to a residential or inpatient setting

AND

• A standardized assessment tool must be completed demonstrating that the child is at imminent risk of removal from the home if IFPS services are not provided. The Community-Based Programs Team of the North Carolina Division of Social Services must approve the tool utilized prior to referrals based on that tool being accepted.



To refer a family to **Intensive Family Preservation Services**, please follow the link below to complete the appropriate referral form and **fax** the completed form to the appropriate number below:

 Online Forms: chsnc.org/referral

By County:

Region 1

Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, Transylvania, Eastern Band Cherokee Indians:

Fax: 828-475-6846

Region 2

Avery, Buncombe, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Yancy:

Fax: 828-475-6846

Region 3

Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Watauga, Wilkes:

Fax: 336-690-5425

Region 4

Cleveland, Lincoln, Mecklenburg, Stanly:

Fax: 336-303-4168

Gaston, Cabarrus, Union:

Fax: 336-790-4944

Region 5

Davidson, Davie, Forsyth, Iredell, Rowan, Rockingham, Stokes, Surry, Yadkin:

Fax: 336-270-2005

Region 6

Alamance, Caswell, Chatham, Guilford, Orange, Person, Randolph:

Fax: 336-270-2006

Region 8

Durham, Edgecombe, Nash, Wilson, Wayne:

Fax: 336-790-4248

Franklin, Granville, Johnston, Vance, Wake, Warren:

Fax: 336-303-4167

