DCFS/FINS FRC Referral and Intake Form TIPS# Case Name: Open Date: A. **Referral Source Contact Information** Office: Worker: Supervisor: @la.gov Email: @la.gov Email: Work/Cell Phone: W С Work/Cell Phone: W B. Referral Information C. **Attachments** Case Number (for FRC use only) Form 5 (as applicable) ☐ Form 5 Safety Assessment Referral Date to FRC Referral Source DCFS FINS SELF LIP EFC ☐ Form 5-CSP Court Ordered Safety Plan Referral Program ☐ CPS ☐ FS ☐ SP Form 5-ISP Instanter Order Safety Plan ☐ FC ☐ HD ☐ AD-FC ☐ AD-SUB ☐ ILP ☐ EFC Form 5-SP CW Safety Plan ☐ Adoptive Home Family Type ☐ Biological ☐ Foster Home ☐ Legal Guardian ☐ Relative ☐ Young Adult Setting ☐ Foster Child or Former FC with infant ☐ One of the following ☐ Verified Complaint/Instanter Family Size ☐ No Court Status ☐ Yes (for Valid cases) OR 6. Form 6 - Referral /Transfer Form Are services court ordered? If yes, next court date: (Cases referred to FS or FC by source other than CPS) 7. SDM Rating ☐ LOW ☐ MODERATE OR ☐ HIGH ☐ VERY HIGH Form XI - CA/N Out of Home Care Investigative Report for valid findings where services Case Plan Goal (check all that apply) are being requested for foster/adoptive home ☐ FS Prevent Placement Out of Home ☐ FS Reunite Family ☐ FC/SP Reunify with Parent or Caregiver ☐ TBH - Trauma and Behavioral Health Screen FC/SP Guardianship/Relative Custody (Act 278, 2006) Child & caregiver version--children 7 and older ☐ FC/SP Alternative Permanent Living Arrangement (APLA) Caregiver version--children 6 years and under ☐ FC/AD Child Care Deficiency in Foster/Adoptive Home ☐ FC/AD Stabilize Pre-Adoption Placement ☐ EFC Achieve Independent Living (AIL) ☐ Stabilize Post Adoption Placement Youth with Infant - Develop skill to provide safe care of child ☐ FATS Assessment of Family Functioning Reason for Referral (check all that apply) ☐ Child Management/Behavior ☐ Child Care Deficiency ☐ FATS Case Plan(s) and YTP(s) ☐ Permanency – Reunification □ Parental Support ☐ Child Educational Issues П Safety - Prevent CA/N ☐ FINS Forms when applicable ☐ Permanency - Maintain Placement ☐ Young Adult Support Services Requested: Other: ☐ Parenting Education ☐ Family Skills Building ☐ My Community Cares ☐ Parent Partner ☐ Kinship Navigator Other: If documents are not available at time of referral, submit as soon as available.

D.	Additional Case Information (i.e. other services currently receiving; domains of concern on Family Assessment; safety concerns; client willingness to receive services; transportation issues, and/or information about any protective orders):

DCFS/FINS FRC Referral and Intake Form

TIPS# Open Date: Case Name: E. Case Name / Head of Household (HH) Adult #1 F. Other Adult Adult Household/Family Members/Other Adults (18 years and older) who are part of case or are receiving services. Adult #2 **Full Name Full Name** 2/3. Age/Gender 1. 4/5. DOB/TIPS # 2/3/4. Age/Gender/Rel. to HH Race/Ethnicity ☐ Non-Hisp. ☐ Hisp. ☐ Unk. DOB/TIPS # ☐ Non-Hisp. ☐ Hisp. ☐ Unk. Marital Status Race/Ethnicity □ Yes □ No Marital Status To participate with FRC 9 ☐ Yes ☐ No 10. Physical Address 10. To participate with FRC 11. City/State/ZIP 11. Physical Address 12. Mailing Address City/State/ZIP City/State/ZIP Phone/Alternate Phone 13. 13 Parish 14/15 **Emergency Contact** 14 Name/Phone 15/16 Phone/Alternate Phone E-Mail Address 16. Educational Level 17. **Emergency Contact** 17. Employer Name Name/Phone Special Circumstances (check all that apply.) 19 **Education Level** Mental Illness Violent Potential 20 Employer Name Disability Domestic Violence 21. Special Circumstances (check all that apply) Criminal Record Homicidal Mental Illness □ Violent Potential Substance Use/Abuse П Suicidal Disability □ Domestic Violence Trafficking Victim LGBTQ Issues ☐ Homicidal Criminal Record Other: Substance Use/Abuse ☐ Suicidal Trafficking Victim ☐ LGBTQ Issues Other: Does this person have prior involvement with DCFS? ☐ Yes ☐ No Is there a Protective Order in place for this person? ☐ Yes ☐ No 22. Does the HH have prior involvement with DCFS? For additional adults use Addendum—Additional Adults page 4. ☐ Young Adult #1 G. Child #1 G. ☐ Child #2 ☐ Young Adult #2 1. Full Name **Full Name** 2/3/4. Age/Gender/Rel. to HH Age/Gender/Rel. to HH 5/6. DOB/TIPS # 5/6. DOB/TIPS # ☐ Non-Hisp. ☐ Hisp. ☐ Unk. ☐ Non-Hisp. ☐ Hisp. ☐ Unk. Race/Ethnicity Race/Ethnicity 7/8. 7/8. 9. Parent(s) 9. Parent(s) **Current Caregiver Current Caregiver** 10. Current Caregiver Phone # 11. Current Caregiver Phone # 11. CASA Name/Phone # CASA Name/Phone # 12. 12. 13/14 Grade/School/College Grade/School/College 13/14 Reason Child Not in School (If applicable) 15. Reason Child Not in School (If applicable) ☐ Too young ☐ Expelled Suspended ☐ Too young ☐ Expelled ☐ Suspended ☐ Pregnant □ Dropped Out ☐ Pregnant □ Dropped Out 16. Number of Foster Care Placements (If applicable): 16. Number of Foster Care Placements (If applicable): 17. Child Living With (check appropriate box): 17. Child Living With (check appropriate box): Specialized Foster Home Parent(s) Specialized Foster Home Parent(s) П Regular Foster Home AFC Regular Foster Home AFC П Relative Foster Home TFC П Relative Foster Home TFC Relative Placement Relative Placement Trial Home Visit Trial Home Visit Pre-Adoptive Post-Adoptive Pre-Adoptive Post-Adoptive Young Adult Setting Young Adult Setting 18. Permanency Goal (If applicable) 18. Permanency Goal (If applicable) Reunification Maintain Family Reunification Maintain Family Adoption Live with Relative Adoption Live with Relative П APLA AIL П APLA AIL 19. Behavior/Disability (TYPE TO END OF LINE; HIT TAB FOR NEXT LINE) 19. Behavior/Disability (TYPE TO END OF LINE; HIT TAB FOR NEXT LINE) For additional children/young adults use Addendum—Additional Children /Young Adults page 3.

DCFS/FINS FRC Referral and Intake Form							
Case Name: TIPS #			#	Ope	en Date:		
ADDENDUM - ADDITIONAL CHILDREN/ YOUNG ADULT							
G.	☐ Child #3	☐ Young Adult #3	G.	☐ Child #4	☐ Young Adult #4		
1.	Full Name		1.	Full Name			
2/3/4.	Age/Gender/Rel. to HH		2/3/4.	Age/Gender/Rel. to HH			
5/6.	DOB/TIPS #		5/6.	DOB/TIPS #			
7/8.	Race/Ethnicity	☐ Non-Hisp. ☐ Hisp. ☐ Unk.	7/8.	Race/Ethnicity	☐ Non-Hisp. ☐ Hisp. ☐ Unk.		
9.	Parent(s)		9.	Parent(s)			
10.	Current Caregiver		10.	Current Caregiver			
11.	Current Caregiver Phone #		11.	Current Caregiver Phone #			
12.	CASA Name/Phone #		12.	CASA Name/Phone #			
13/14.	Grade/School/College		13/14.	Grade/School/College			
15.	Reason Child Not in School (If applicable	e)	15.	Reason Child Not in School (If applica	ible)		
	☐ Too young ☐ Expelled	Suspended		☐ Too young ☐ Expelled			
	☐ Pregnant ☐ Dropped O	ut .		☐ Pregnant ☐ Dropped	Out		
16.	Number of Foster Care Placements (If	f applicable):	16.	Number of Foster Care Placements	(If applicable):		
17.	Child Living With (check appropriate bo	ox):	17.	Child Living With (check appropriate	box):		
	☐ Parent(s)	☐ Specialized Foster Home		☐ Parent(s)	☐ Specialized Foster Home		
	☐ Regular Foster Home	☐ AFC		☐ Regular Foster Home	☐ AFC		
	☐ Relative Foster Home	☐ TFC		☐ Relative Foster Home	☐ TFC		
	☐ Relative Placement	☐ Trial Home Visit		☐ Relative Placement	☐ Trial Home Visit		
	☐ Pre-Adoptive	☐ Post-Adoptive		☐ Pre-Adoptive	☐ Post-Adoptive		
		☐ Young Adult Setting			☐ Young Adult Setting		
18.	Permanency Goal (If applicable)		18.	Permanency Goal (If applicable)	_		
	Reunification	Maintain Family		Reunification	Maintain Family		
	Adoption	Live with Relative		Adoption	Live with Relative		
	☐ APLA	☐ AIL		☐ APLA	☐ AIL		
19.	Behavior/Disability (TYPE TO END OF I	LINE; HIT TAB FOR NEXT LINE)	19.	Behavior/Disability (TYPE TO END O	F LINE; HIT TAB FOR NEXT LINE)		
-							
G.	☐ Child #5	Young Adult #5	G.	Child #6	☐ Young Adult #6		
G.	Child #5	☐ Young Adult #5	G.	Child #6	☐ Young Adult #6		
		Young Adult #5	1.		☐ Young Adult #6		
1. 2/3/4.	Full Name	Young Adult #5	1. 2/3/4.	Full Name	☐ Young Adult #6		
1. 2/3/4.	Full Name Age/Gender/Rel. to HH	Young Adult #5	1. 2/3/4.	Full Name Age/Gender/Rel. to HH	Young Adult #6		
1. 2/3/4. 5/6.	Full Name Age/Gender/Rel. to HH DOB/TIPS #		1. 2/3/4. 5/6.	Full Name Age/Gender/Rel. to HH DOB/TIPS #			
1. 2/3/4. 5/6. 7/8.	Full Name Age/Gender/Rel. to HH DOB/TIPS # Race/Ethnicity Parent(s)		1. 2/3/4. 5/6. 7/8.	Age/Gender/Rel. to HH DOB/TIPS # Race/Ethnicity Parent(s)			
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DCFS/FINS FRC Referral and Intake Form

Case Name:		TIPS#		Open Date:
ADDE	NDUM - ADDITIONAL ADULTS	_		
F.	Adult #3		F.	Adult #4
1.	Full Name		1.	Full Name
2/3/4.	Age/Gender/Rel. to HH		2/3/4.	Age/Gender/Rel. to HH
5/6.	DOD/TIDO #		5/6.	DOD/TIDE #
7/8.	Race/Ethnicity Non-Hisp. Hisp. U	Ink	7/8.	Race/Ethnicity Non-Hisp. Hisp. Unk.
9.	Marital Status	,,,,,,	9.	Marital Status
10.	To participate with FRC Yes No		10.	To participate with FRC Yes No
11.	Physical Address		11.	Physical Address
12.	City/State/ZIP		12.	City/State/ZIP
13.	Phone/Alternate Phone		13.	Phone/Alternate Phone
14/15.	Emergency Contact		14/15.	Emergency Contact
	Name/Phone		,	Name/Phone
16.	Educational Level		16.	Educational Level
17.	Employer Name		17.	Employer Name
18.	Special Circumstances (check all that apply.)		18.	Special Circumstances (check all that apply.)
	☐ Mental Illness ☐ Violent Potential			☐ Mental Illness ☐ Violent Potential
	☐ Disability ☐ Domestic Violence			☐ Disability ☐ Domestic Violence
	☐ Criminal Record ☐ Homicidal			☐ Criminal Record ☐ Homicidal
	Substance Use/Abuse Suicidal			Substance Use/Abuse Suicidal
	☐ Trafficking Victim ☐ LGBTQ Issues			☐ Trafficking Victim ☐ LGBTQ Issues
	Other:			Other:
19.] No	19.	Does this person have prior involvement with DCFS? Yes No
20.	Is there a Protective Order in place for this person?] No	20.	Is there a Protective Order in place for this person?
F.	Adult #5		F.	Adult #6
1.				Full Name
2/3/4.	Age/Gender/Rel. to HH		2/3/4.	Age/Gender/Rel. to HH
5/6.	DOB/TIPS #		5/6.	DOB/TIPS #
7/8.	Race/Ethnicity Non-Hisp. Hisp. U	Ink	7/8.	Race/Ethnicity Non-Hisp. Hisp. Unk.
9.	Marital Status	/IIIX.	9.	Marital Status
10.	To participate with FRC Yes No		10.	To participate with FRC Yes No
11.	Physical Address		11.	Physical Address
12.	City/State/ZIP		12.	City/State/ZIP
13.	Phone/Alternate Phone		13.	Phone/Alternate Phone
14/15.	Emergency Contact		14/15.	Emergency Contact
14/10.	Name/Phone		1-7/10.	Name/Phone
16.	Educational Level		16.	Educational Level
17.	Employer Name		17.	Employer Name
18.	Special Circumstances (check all that apply.)		18.	Special Circumstances (check all that apply.)
	☐ Mental Illness ☐ Violent Potential			☐ Mental Illness ☐ Violent Potential
	☐ Disability ☐ Domestic Violence			☐ Disability ☐ Domestic Violence
	☐ Criminal Record ☐ Homicidal			☐ Criminal Record ☐ Homicidal
	☐ Substance Use/Abuse ☐ Suicidal			☐ Substance Use/Abuse ☐ Suicidal
	☐ Trafficking Victim ☐ LGBTQ Issues			☐ Trafficking Victim ☐ LGBTQ Issues
	Other:			Other:
19.	Does this person have prior involvement with DCFS? ☐ Yes ☐] No	19.	Does this person have prior involvement with DCFS? ☐ Yes ☐ No
20.	Is there a Protective Order in place for this person?] No	20.	Is there a Protective Order in place for this person? $\ \square$ Yes $\ \square$ No