**Community Collaboration for Children**

**In-Home Services Referral Form**

**Gatekeeper to e-mail completed forms to: Valerie Lebanion** [**valerie.lebanion@crcc.org**](mailto:valerie.lebanion@crcc.org)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION AS NEEDED**

**Date of Referral:**

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**DCBS Involvement:  Yes  No**

**Release of Information completed:  Yes  No (Please attach)**

**Is the case open in ongoing status or will it be in the future:**  **Yes  No**

**If YES this case is not appropriate for CCC services.**

**DO NOT COMPLETE THE REST OF THIS REFERRAL FORM**

**Are there any substantiated findings of abuse or neglect:  Yes  No**

**If YES please list substantiated findings and**

**dates:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family’s Address:**       **County:**

**Family’s Phone Number:**     

**Is the family aware a referral is being made to CCC?**  **Yes**  **No**

**Parent/guardian/caretakers:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship/Role** | **Willing to work with In-Home Services** |
|  |  |  |  |
|  |  |  |  |

**Children:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Child currently in home** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Household Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship/Role** | **To be involved with In- Home services** |
|  |  |  |  |
|  |  |  |  |

**Why are In-home Services Needed:**

**Do any of the following apply to the family being referred?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Concern** | **Yes, No, Unsure, N/A** | **Family members involved** | **Details** |
| **-Safety issues** |  |  |  |
| **-Cultural issues** |  |  |  |
| **-Substance use/abuse** |  |  |  |
| **-Domestic Violence** |  |  |  |
| **-Mental Health** |  |  |  |
| **-Criminal history** |  |  |  |
| **-Environmental concerns** |  |  |  |
| **-Hygiene** |  |  |  |
| **-Children issues** |  |  |  |

**Family Strengths**:

**Family Support System:**

**Family Needs:**

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**Referring Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gatekeeper Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**