202 East 3rd. Ave, 3rd Floor
P.O. Box 168
Rome GA 30162-0168
706-290-0764
referrals@frcrome.org

***Date of Referral:**	***Agency:**
***Referral Made By:**	***Contact Number:**
***Email:**	

***Reason for Referral (check all that apply):**

☐**Physical Abuse** ☐**Emotional Abuse** ☐**At Risk for out of home placement**
☐**Neglect** ☐**Sexual Abuse** ☐**Other:**_____

***Summarize reason for referral and any current situation or risk factors:**
***Does the family know that you have made a referral to our agency? ☐Yes or ☐No**

***Parent Information:**

Name:			
Address:			
City/State/Zip			
Contact Number(s):			
Email:			
***DOB:**	**Age:**	**Race:**	**Gender:**

***Please select all that apply:**	**(Continue):**
☐Recent confirmed abuse or neglect	☐Lack of information on child development
☐History of abuse/neglect	☐Domestic violence
☐Financial/housing instability	☐Mental health needs
☐Recovering from addictive behaviors	☐Health needs
☐History of excessive legal involvement	☐Young or new parents
☐Lack of support networks	☐Cognitive delays/impairments
☐Challenges in handling behavior of children	☐Feelings of being overwhelmed
☐Home and personal hygiene issues	☐Stress/anger management issues
	☐Other: _____

*Family Role of individual referred:	*Marital Status:
☐Biological Parent ☐Grandparent ☐Stepparent ☐Foster Parent ☐Adoptive Parent ☐Other relative:	☐Single ☐Married ☐Divorced ☐Separated ☐Widow ☐Cohabitating Partners
***Education Level Completed:**	***Sources of Income (check all that apply):**
☐Less than high school ☐High school diploma ☐GED ☐Some college or vocational training ☐College degree ☐Other: _____	☐Full-time Employment ☐Part-Time Employment ☐SS ☐SSI ☐Child Support ☐Food Stamps ☐TANF ☐Family members ☐Retirement/Pension ☐WIC ☐Other: _____
***Estimated Annual Household Total Income:**	☐Less 10K ☐10K-19K ☐20K-29K ☐30K-39K ☐40K-49K ☐50K

***Children in the Home:**

Name	DOB	Race	Age	Sex	School/Daycare	Grade

***Other Adults in the Home:**

Name	Age	Relationship

If any child is placed out of the home, provide contact information below:

Name of Child	Resides With	Address	Phone

***Agency Involvement:**

***DFCS:**

☐No Known CPS/DFCS Involvement
☐CPS Screen Out
☐CPS Family Support
☐CPS Investigating
☐Closed/Closing Investigation
☐CPS Ongoing/Family Preservation
☐Closed Ongoing/Family Preservation
☐Open Placement Case: _____
Date Children into Care: _____
☐Other:

DFCS Safety Plan: ☐Yes or ☐No
DFCS Case Plan ☐Yes or ☐No

***If there is an open case, do you anticipate the case will be closing soon?**
☐Yes or ☐No

***What other agencies are currently involved with this family and in what capacity?**

Is there anything else we should know?