



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

| | |
|--------------------------|--|
| Agency: | |
| Date of Referral: | |
| Referral Made By: | |
| Contact Number: | |
| Email: | |

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

- Physical Abuse
 Emotional Abuse
 High Risk
 Neglect
 Sexual Abuse
 Other: _____

***Parent Information:**

| | | | | | | | | | |
|---------------------------|--|-------------|--|--------------|--|-------------|--|---|--|
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City/State/Zip | | | | | | | | | |
| Contact Number(s): | | | | | | | | | |
| Email: | | | | | | | | | |
| DOB: | | Age: | | Race: | | Sex: | | SS# <small>Last 4 digits</small> | |

| |
|---|
| *Detail current situation and risk factors: |
| |
| *How would our services assist the family? |
| |
| *Does the family know that you have made a referral to our agency? |
| <input type="checkbox"/> Yes or <input type="checkbox"/> No |

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

| | |
|--|---|
| <p>*Family Role of individual referred:</p> <input type="checkbox"/> Biological Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other relative: | <p>*Marital Status:</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Cohabiting Partners |
|--|---|

***Children in the Home:**

| *Name | *DOB | *Race | *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 CPS

CPS Ongoing/Family Preservation

Closed Placement

Open Placement Case: _____

Date Children into Care: _____

Other:

DFCS Case #: _____

DFCS Safety Plan: Yes or No

DFCS Case Plan Yes or No

**Please send a copy of the plan(s) if applicable.*

*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?