



Family Finding Referral and Intake

***** Please be as complete as possible on this referral *****

Family Finding Worker: _____ **Phone:** _____
Family Finding Program Supervisor: Malorie Peter **Phone:** (414) 231-4843
Email: Malorie.Peter@cssw.org
Fax: (414) 453-2538

Referring Office: Kenosha IFS Walworth Other County:

Referring Worker: _____ Phone No: _____
Email: _____

Referring Supervisor: _____ Phone No: _____
Email: _____

General Information:

1. WISACWIS Case ID #: _____ Child's Person ID#: _____
2. Date of Referral: _____
3. Child's Name: _____
4. Child's Date of Birth: _____
5. Gender: Male Female
6. Ethnicity: American Indian or Alaskan Native
 Asian
 African-American
 White
 Other: _____
7. Ethnicity cont. Hispanic
 Non-Hispanic
8. Child's legal status: _____
a. Examples: CHIPS, Delinquency, Predispositional, Other
9. Court order expiration date: _____
10. Court Approved Permanency plan (either attach a copy or summarize below):
a. _____
11. Permanency Goal as approved by the court AND goals you think will be approved by the court in the coming 6 months (check all that apply)
 - Reunification (either parent)
 - Guardianship by relative or nonrelative
 - Guardianship with relative
 - Guardianship with nonrelative
 - Adoption by relative or nonrelative
 - Adoption by relative

- Adoption by nonrelative
- Independent Living
- No goal established yet
- Other: _____

12. Child's Placement at the time of referral

- a. Nonrelative foster family
- Relative foster family
- Group Home
- Residential Treatment Center/Institution
- Other: _____

b. Date this placement began: _____

If unknown, give approximate year: _____

Name, address, and phone number:

13. Please describe current or previous efforts to place the child with a relative or close family friend (include names of any actual or considered placements). List any additional known relatives (and provide contact information if known).

Parent Information section:

- 1. Do the biological parent(s) currently have parental rights? Yes No
- 2. Have the biological parent(s) ever lived with the child? Yes No
- 3. Has the child ever been removed from the bio-parent's home? Yes No
- 4. Has this child been adopted? Yes No
- 5. Do the adoptive parents continue to have parental rights? Yes No
- 6. Is this a failed adoption? Yes No

Mother: _____

Address: _____

Phone: _____

Describe Current Involvement:

Father: Adjudicated Alleged Presumed

Address: _____

Phone: _____

Describe Current Involvement::

Important Contacts (please fill out a contact sheet for the guardian, custodian and any other important contacts such as legal representation, etc.):

Legal Guardian: _____

E-mail: _____

Phone: _____

Address: _____

Legal Custodian: _____

E-mail: _____

Phone: _____

Address: _____

Other: _____

What is your desired outcome for the referral? (Check all that apply)

- | | | | |
|----------------------------------|------------------------------|-----------------------------|--------------------------------|
| Placement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Weekend or longer visits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Overnight visits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Day visits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Supervised visits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Phone calls | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Letter or e-mails | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Information for the child | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Assistance in supervising visits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |

In your own words, please provide a brief narrative of the desired outcome for this referral.

What else do we need to know about this child and family (child/family strengths; emotional/mental health status; abuse/neglect/trauma history; medical status; school status; if child over 15, are they in independent living services)?

Upcoming Dates (please include here next court date, type of hearing, next perm plan date, next family team meeting, and any other important dates):

Additional Information

Current involvement of relatives:

Progress made to meeting outcomes:

Barriers to achieving outcomes: