Print Form

OCS and FINS Referral and Family Resource Center Intake Form

Office: _____

Worker: _____ Supervisor: _____

Email: _____ @dss.state.la.us Email: _____ @dss.state.la.us

Work/Cell Phone: W _____ C _____ Work/Cell Phone: W _____ C _____

Case Name: _____ **TIPS Number:** _____

Case/ Head of Household Information

Case Number (for FRC use only) _____

1. Referral Date _____
2. Referral Source ☐ OCS ☐ FINS ☐ SELF
3. Referral By: ☐ FS ☐ CPI ☐ AR ☐ HB/HA ☐ SP/FC ☐ AD/FC ☐ ILP-YAP
4. Head of Household Family Type: ☐ Biological ☐ Adoptive ☐ Foster Home ☐ Legal Guardian ☐ Relative
5. Family Size: _____
6. Court Involved:: Are services court ordered? ☐ Yes ☐ No If yes, next court date: _____
7. SDM Rating: ☐ LOW ☐ MODERATE ☐ HIGH ☐ VERY HIGH
8. Case Plan Goal (check primary goal)
   - ☐ FS Prevent Placement Out of Home
   - ☐ FS Reunite Family
   - ☐ SP/FC Reunify with Parent or Caregiver
   - ☐ SP/FC Guardianship/Relative Custody
   - ☐ SP/FC Permanent Foster Care
   - ☐ AD/FC Adoption Placement
   - ☐ HB/HA Child Care Deficiency/CPI for Foster/Adoptive Home

Additional Case Information (including other services currently receiving; domains of concern on Family Assessment; safety concerns):

Case Name / Head of Household

1. Name (First, Last): _____
2/3. Age / Sex: _____ _____
4/5. DOB / TIPS#: _____ _____
6.7. Race / Ethnicity: _____ ☐ Non-Hisp. ☐ Hisp. ☐ Unk.
8/9. Marital Status/Participating: _____ ☐ Yes ☐ No
10. Physical Address: _____
11. City/State/ZIP _____
12. Mailing Address: _____
13. City/State/ZIP _____
14. Parish: _____
1516. Phone/Alternate Phone: _____ _____
17. Emergency Contact: Name/Phone: _____ _____
18. Education Level: _____
19. Employer Name: _____
20. Income: ☐ under $5,000 ☐ $5,000 to 12,000 ☐ $12,001 to 25,000 ☐ $25,001 to 50,000 ☐ $50,001 to 75,000 ☐ over $75,000
21. TANF Eligible: ☐ YES ☐ NO

Services Requested: ☐ Parenting Education ☐ Visit Coaching ☐ Family Skills Training

22. **Special Circumstances** (check all that apply):
   - ☐ Mental Illness
   - ☐ Disability
   - ☐ Criminal Record
   - ☐ Substance Use/Abuse
   - ☐ Other:
   - ☐ Violence Potential
   - ☐ Domestic Violence
   - ☐ Homicidal
   - ☐ Suicidal

Other Adult

Adult Household/Family Members/Other Adults (18 years and older) who are part of case or are receiving services.

1. **Name (First, Last):** _____
2/3/4. Age/ Sex /Rel. to HH _____ _____ _____
5/6. DOB/ TIPS _____ _____
7/8. Race / Ethnicity _____ ☐ Non-Hisp. ☐ Hisp. ☐ Unk.
9/10. Marital Status/Participating: _____ ☐ Yes ☐ No
11. Physical Address: _____
12. City/State/ZIP _____
13. Phone/Alternate Phone: _____ _____
14/15. Emergency Contact: Name/Phone: _____ _____
16. Educational Level _____
17. Employer Name _____
18. Income: ☐ under $5,000 ☐ $5,000 to 12,000 ☐ $12,001 to 25,000 ☐ $25,001 to 50,000 ☐ $50,001 to 75,000 ☐ over $75,000
19. **Services Requested:** ☐ Parenting Education ☐ Visit Coaching ☐ Family Skills Training
20. **Special Circumstances** (check all that apply.)**:**
   - ☐ Mental Illness
   - ☐ Disability
   - ☐ Criminal Record
   - ☐ Substance Use/Abuse
   - ☐ Other:
   - ☐ Violence Potential
   - ☐ Domestic Violence
   - ☐ Homicidal
   - ☐ Suicidal

Attach program specific OCS Forms: **5, 10 (pages 1-5 thru last child's page), 6, XI, CE-1, CE-2, 2A, Family Assessment and Case Plan**

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Office: _____

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Work/Cell Phone:	W C	Work/Cell Phone:	W C

Case Name: _____ **TIPS Number:** _____

Child 1

1.	**Name (First, Last):**	
2/3/4.	Age/Sex/Rel. to Case Name:	
5/6.	DOB/ TIPS:	
7/8.	Race/Ethnicity:	☐ Non-Hisp. ☐Hisp. ☐Unk.
9.	Biological Father:	
10.	Biological Mother:	
11.	Name of School	
12.	Grade Level	
13.	Reason Child Not in School	☐ Too Young ☐ Expelled ☐ Pregnant ☐ Dropped Out ☐ Suspended
14.	**Number of Foster Care Placements:**	
15.	**Child Living With** (check appropriate box)**:**	☐ Biological Parent ☐ Specialized Foster Home ☐ Pre-Adoptive ☐ AFC ☐ Regular Foster Home ☐ TFC ☐ Relative Foster Home ☐ Trial Home Visit ☐ Relative Placement ☐ Post-Adoptive
16.	**Permanency Goal**	☐ Adoption ☐ Maintain Family ☐ Permanent FC ☐ Live with Relative. ☐ Reunification
17.	**Behavior/Disability:**	

Child 2

1.	**Name (First, Last):**	
2/3/4.	Age/Sex Rel. to Case Name:	
5/6.	DOB/ TIPS:	
7/8.	Race/Ethnicity:	☐ Non-Hisp. ☐Hisp. ☐Unk.
9.	Biological Father:	
10.	Biological Mother:	
11.	Name of School	
12.	Grade Level	
13.	Reason Child Not in School	☐ Too Young ☐ Expelled ☐ Pregnant ☐ Dropped Out ☐ Suspended
14.	**Number of Foster Care Placements:**	
15.	**Child Living With** (check appropriate box)**:**	☐ Biological Parent ☐ Specialized Foster Home ☐ Pre-Adoptive ☐ AFC ☐ Regular Foster Home ☐ TFC ☐ Relative Foster Home ☐ Trial Home Visit ☐ Relative Placement ☐ Post-Adoptive
16.	**Permanency Goal**	☐ Adoption ☐ Maintain Family ☐ Permanent FC ☐ Live with Relative ☐ Reunification
17.	**Behavior/Disability:**	

Child 3

1.	**Name (First, Last):**	
2/3/4.	Age/Sex/Rel. to Case Name:	
5/6.	DOB/ TIPS:	
7/8.	Race/Ethnicity:	☐ Non-Hisp. ☐Hisp. ☐Unk.
9.	Biological Father:	
10.	Biological Mother:	
11.	Name of School	
12.	Grade Level	
13.	Reason Child Not in School	☐ Too Young ☐ Expelled ☐ Pregnant ☐ Dropped Out ☐ Suspended
13.	**Number of Foster Care Placements:**	
14.	**Child Living With** (check appropriate box)**:**	
15.		☐ Biological Parent ☐ Specialized Foster Home ☐ Pre-Adoptive ☐ AFC ☐ Regular Foster Home ☐ TFC ☐ Relative Foster Home ☐ Trial Home Visit ☐ Relative Placement ☐ Post-Adoptive
16.	**Permanency Goal**	☐ Adoption ☐ Maintain Family ☐ Permanent FC ☐ Live with Relative. ☐ Reunification
	Behavior/Disability:	
17.		

Child 4

1.	**Name (First, Last):**	
2/3/4.	Age/Sex/ Rel. to Case Name:	
5/6.	DOB/ TIPS:	
7/8.	Race/Ethnicity:	☐ Non-Hisp. ☐Hisp. ☐Unk.
9.	Biological Father:	
10.	Biological Mother:	
11.	Name of School	
12.	Grade Level	
	Reason Child Not in School	☐ Too Young ☐ Expelled ☐ Pregnant ☐ Dropped Out ☐ Suspended
13.	**Number of Foster Care Placements:**	
14.	**Child Living With** (check appropriate box)**:**	
15.		☐ Biological Parent ☐ Specialized Foster Home ☐ Pre-Adoptive ☐ AFC ☐ Regular Foster Home ☐ TFC ☐ Relative Foster Home ☐ Trial Home Visit ☐ Relative Placement ☐ Post-Adoptive
16.	**Permanency Goal**	☐ Adoption ☐ Maintain Family ☐ Permanent FC ☐ Live with Relative ☐ Reunification
17.	**Behavior/Disability:**	

Attach program specific OCS Forms: **5, 10 (pages 1-5 thru last child's page), 6, XI, CE-1, CE-2, 2A, Family Assessment and Case Plan**