DCFS/FINS FRC Referral and Intake Form TIPS# Case Name: Open Date: A. **Referral Source Contact Information** Office: Worker: Supervisor: @la.gov Email: @la.gov Email: Work/Cell Phone: W С Work/Cell Phone: W B. Referral Information C. **Attachments** Case Number (for FRC use only) Form 5 (as applicable) ☐ Form 5 Safety Assessment Referral Date to FRC Referral Source DCFS FINS SELF LIP EFC ☐ Form 5-CSP Court Ordered Safety Plan Referral Program ☐ CPS ☐ FS ☐ SP Form 5-ISP Instanter Order Safety Plan ☐ FC ☐ HD ☐ AD-FC ☐ AD-SUB ☐ ILP ☐ EFC Form 5-SP CW Safety Plan ☐ Adoptive Home Family Type ☐ Biological ☐ Foster Home ☐ Legal Guardian ☐ Relative ☐ Young Adult Setting ☐ Foster Child or Former FC with infant ☐ One of the following ☐ Verified Complaint/Instanter Family Size ☐ No Court Status ☐ Yes (for Valid cases) OR 6. Form 6 - Referral /Transfer Form Are services court ordered? If yes, next court date: (Cases referred to FS or FC by source other than CPS) 7. SDM Rating ☐ LOW ☐ MODERATE OR ☐ HIGH ☐ VERY HIGH Form XI - CA/N Out of Home Care Investigative Report for valid findings where services Case Plan Goal (check all that apply) are being requested for foster/adoptive home ☐ FS Prevent Placement Out of Home ☐ FS Reunite Family ☐ FC/SP Reunify with Parent or Caregiver ☐ TBH - Trauma and Behavioral Health Screen FC/SP Guardianship/Relative Custody (Act 278, 2006) Child & caregiver version--children 7 and older ☐ FC/SP Alternative Permanent Living Arrangement (APLA) Caregiver version--children 6 years and under ☐ FC/AD Child Care Deficiency in Foster/Adoptive Home ☐ FC/AD Stabilize Pre-Adoption Placement ☐ EFC Achieve Independent Living (AIL) ☐ Stabilize Post Adoption Placement Youth with Infant - Develop skill to provide safe care of child ☐ FATS Assessment of Family Functioning Reason for Referral (check all that apply) ☐ Child Management/Behavior ☐ Child Care Deficiency ☐ FATS Case Plan(s) and YTP(s) ☐ Permanency – Reunification □ Parental Support ☐ Child Educational Issues П Safety - Prevent CA/N ☐ FINS Forms when applicable ☐ Permanency - Maintain Placement ☐ Young Adult Support Services Requested: Other: ☐ Parenting Education ☐ Family Skills Building ☐ My Community Cares ☐ Parent Partner ☐ Kinship Navigator Other: If documents are not available at time of referral, submit as soon as available.

D.	Additional Case Information (i.e. other services currently receiving; domains of concern on Family Assessment; safety concerns; client willingness to receive services; transportation issues, and/or information about any protective orders):

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Case Name: TIPS #			Open Date:
E.	Case Name / Head of Household (HH) Adult #1	F.	Other Adult Adult Household/Family Members/Other Adults (18 years and older) who are part of case or are receiving services.
1.	Full Name		Addit #E
2/3.	Age/Gender	1.	
4/5.	DOB/TIPS # Race/Ethnicity	2/3/4. 5/6.	Age/Gender/Rel. to HH DOB/TIPS #
6/7. 8.	Marital Status	7/8.	Race/Ethnicity Non-Hisp. Hisp. Unk.
9.	To participate with FRC Yes No	9.	Marital Status
10.	Physical Address	10.	To participate with FRC Yes No
11.	City/State/ZIP	11.	Physical Address
12.	Mailing Address	12.	City/State/ZIP
13.	City/State/ZIP	13.	Phone/Alternate Phone
14.	Parish	14/15.	Emergency Contact
15/16.	Phone/Alternate Phone		Name/Phone
17.	E-Mail Address	16.	Educational Level
18.	Emergency Contact	17.	Employer Name
	Name/Phone	18.	Special Circumstances (check all that apply.)
19.	Education Level		☐ Mental Illness ☐ Violent Potential
20.	Employer Name		☐ Disability ☐ Domestic Violence
21.	Special Circumstances (check all that apply)		☐ Criminal Record ☐ Homicidal
	☐ Mental Illness ☐ Violent Potential ☐ Disability ☐ Domestic Violence		☐ Substance Use/Abuse ☐ Suicidal ☐ Trafficking Victim ☐ LGBTQ Issues
	☐ Disability ☐ Domestic Violence ☐ Criminal Record ☐ Homicidal		
	☐ Substance Use/Abuse ☐ Suicidal		Otner:
	☐ Trafficking Victim ☐ LGBTQ Issues		
	Other:	19.	Does this person have prior involvement with DCFS? ☐ Yes ☐ No
		20.	Is there a Protective Order in place for this person?
22.	Does the HH have prior involvement with DCFS? ☐ Yes ☐ No		
23.	Is there a Protective Order in place for parent or child?	For	additional adults use Addendum—Additional Adults page 4.
G.	☐ Child #1 ☐ Young Adult #1	G.	☐ Child #2 ☐ Young Adult #2
1.	Full Name	1.	
2/3/4.	Age/Gender/Rel. to HH	2/3/4.	
5/6.	DOB/TIPS #	5/6.	
7/8.	Race/Ethnicity Non-Hisp. Hisp. Unk.	7/8.	Race/Ethnicity Non-Hisp. Hisp. Unk.
9.	Parent(s)	9.	Parent(s)
10.	Current Caregiver	10.	Current Caregiver
11.	Current Caregiver Phone #	11.	Current Caregiver Phone #
12.	CASA Name/Phone #	12.	· · · · · · · · · · · · · · · · · · ·
13/14.	Grade/School/College	13/14.	Grade/School/College
15.	Reason Child Not in School (If applicable)	15.	Reason Child Not in School (If applicable)
	☐ Too young ☐ Expelled ☐ Suspended		☐ Too young ☐ Expelled ☐ Suspended
	☐ Pregnant ☐ Dropped Out		☐ Pregnant ☐ Dropped Out
16.	Number of Foster Care Placements (If applicable):	16.	Number of Foster Care Placements (If applicable):
17.	Child Living With (check appropriate box):	17.	Child Living With (check appropriate box):
	Parent(s) Specialized Foster Home		Parent(s) Specialized Foster Home
	Regular Foster Home AFC		Regular Foster Home AFC
	☐ Relative Foster Home ☐ TFC ☐ Relative Placement ☐ Trial Home Visit		☐ Relative Foster Home ☐ TFC ☐ Relative Placement ☐ Trial Home Visit
	☐ Pre-Adoptive ☐ Post-Adoptive		Pre-Adoptive Post-Adoptive
	☐ Young Adult Setting		☐ Young Adult Setting
18.	Permanency Goal (If applicable)	18.	Permanency Goal (If applicable)
	☐ Reunification ☐ Maintain Family		☐ Reunification ☐ Maintain Family
	☐ Adoption ☐ Live with Relative		☐ Adoption ☐ Live with Relative
	☐ APLA ☐ AIL		☐ APLA ☐ AIL
19.	Behavior/Disability (TYPE TO END OF LINE; HIT TAB FOR NEXT LINE)	19.	Behavior/Disability (TYPE TO END OF LINE; HIT TAB FOR NEXT LINE)
		1	
		For add	itional children/young adults use Addendum—Additional Children /Young

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Case	Name:	TIPS	#	0	pen Date:
ADDE	NDUM - ADDITIONAL CHIL	DREN/ YOUNG ADULT			
G.	☐ Child #3	☐ Young Adult #3	G.	☐ Child #4	☐ Young Adult #4
1.	Full Name		1.	Full Name	
2/3/4.	Age/Gender/Rel. to HH		2/3/4.	Age/Gender/Rel. to HH	
5/6.	DOB/TIPS #		5/6.	DOB/TIPS #	
7/8.	Race/Ethnicity	☐ Non-Hisp. ☐ Hisp. ☐ Unk.	7/8.	Race/Ethnicity	☐ Non-Hisp. ☐ Hisp. ☐ Unk.
9.	Parent(s)		9.	Parent(s)	
10	Current Corogiver		10	Current Caradiyar	
10.	Current Caregiver		10.	Current Caregiver	
11.	Current Caregiver Phone #		11.	Current Caregiver Phone #	
12.	CASA Name/Phone #		12.	CASA Name/Phone #	
13/14.	Grade/School/College		13/14.	Grade/School/College	
15.	Reason Child Not in School (If application	·	15.	Reason Child Not in School (If appl	
	☐ Too young ☐ Expelled	'		☐ Too young ☐ Expell	-
	☐ Pregnant ☐ Dropped			•	ped Out
16.	Number of Foster Care Placements	s (If applicable):	16.	Number of Foster Care Placemer	· ''
17.	Child Living With (check appropriate	e box):	17.	Child Living With (check appropria	ate box):
	☐ Parent(s)	☐ Specialized Foster Home		☐ Parent(s)	☐ Specialized Foster Home
	☐ Regular Foster Home	☐ AFC		☐ Regular Foster Home	☐ AFC
	☐ Relative Foster Home	☐ TFC		☐ Relative Foster Home	☐ TFC
	☐ Relative Placement	☐ Trial Home Visit		☐ Relative Placement	☐ Trial Home Visit
	☐ Pre-Adoptive	☐ Post-Adoptive		☐ Pre-Adoptive	☐ Post-Adoptive
		☐ Young Adult Setting			☐ Young Adult Setting
18.	Permanency Goal (If applicable)		18.	Permanency Goal (If applicable)	
	Reunification	☐ Maintain Family		☐ Reunification	☐ Maintain Family
	☐ Adoption	☐ Live with Relative		☐ Adoption	Live with Relative
	☐ APLA	☐ AIL		☐ APLA	□ AIL
19.	Behavior/Disability (TYPE TO END	OF LINE; HIT TAB FOR NEXT LINE)	19.	Behavior/Disability (TYPE TO ENI	D OF LINE; HIT TAB FOR NEXT LINE)
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G.	☐ Child #5	☐ Young Adult #5	G.	☐ Child #6	☐ Young Adult #6
1.	Full Name		1.	Full Name	·
2/3/4.	Age/Gender/Rel. to HH		2/3/4.	Age/Gender/Rel. to HH	
5/6.	DOB/TIPS #	.	5/6.	DOB/TIPS #	
7/8.	Race/Ethnicity	☐ Non-Hisp. ☐ Hisp. ☐ Unk.	7/8.	Race/Ethnicity	☐ Non-Hisp. ☐ Hisp. ☐ Unk.
9.	Parent(s)		9.	Parent(s)	
0.			0.	1 410111(0)	
10.	Current Caregiver		10.	Current Caregiver	
11.	Current Caregiver Phone #		11.	Current Caregiver Phone #	
12.	CASA Name/Phone #		12.	CASA Name/Phone #	
13/14.	Grade/School/College		13/14.	Grade/School/College	
15.	Reason Child Not in School (If application	,	15.	Reason Child Not in School (If appl	
	☐ Too young ☐ Expelled	d Suspended		☐ Too young ☐ Expell	led Suspended
	☐ Pregnant ☐ Dropped	d Out		☐ Pregnant ☐ Dropp	ped Out
16.	Number of Foster Care Placements	s (If applicable):	16.	Number of Foster Care Placemer	nts (If applicable):
17.	Child Living With (check appropriate	e box):	17.	Child Living With (check appropria	ate box):
	☐ Parent(s)	☐ Specialized Foster Home		☐ Parent(s)	☐ Specialized Foster Home
	☐ Regular Foster Home	☐ AFC		☐ Regular Foster Home	☐ AFC
	Relative Foster Home	☐ TFC		Relative Foster Home	☐ TFC
	☐ Relative Placement	☐ Trial Home Visit		☐ Relative Placement	☐ Trial Home Visit
	☐ Pre-Adoptive	☐ Post-Adoptive		☐ Pre-Adoptive	☐ Post-Adoptive
	- The Adoptive	☐ Young Adult Setting		— Пе лаориче	☐ Young Adult Setting
18.	Permanency Goal (If applicable)	Tourig Addit Setting	18.	Permanency Goal (If applicable)	Toding Addit Setting
10.	Reunification	☐ Maintain Family	10.	Reunification	☐ Maintain Family
	Adoption	Live with Relative		Adoption	Live with Relative
	☐ APLA	☐ AIL		☐ APLA	☐ AIL
10			40	_	_
19.	Behavior/Disability (TYPE TO END	OF LINE; THE LAB FOR NEXT LINE)	19.	Behavior/Disability (TYPE TO ENI	OF LINE; THE LAB FOR NEXT LINE)
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DCFS/FINS FRC Referral and Intake Form

Case Name:		TIPS#		Open Date:
ADDE	ENDUM – ADDITIONAL ADULTS			
F.	Adult #3	F.		Adult #4
1.	Full Name		1.	Full Name
2/3/4.	Age/Gender/Rel. to HH	2/3	3/4.	Age/Gender/Rel. to HH
5/6.	DOB/TIPS #			DOB/TIPS #
7/8.	Race/Ethnicity Non-Hisp. Hisp.			Race/Ethnicity Non-Hisp. Hisp. Unk.
9.	Marital Status			Marital Status
10.	To participate with FRC Yes No			To participate with FRC Yes No
11.	Physical Address			Physical Address
12.	City/State/ZIP			City/State/ZIP
13.	Phone/Alternate Phone			Phone/Alternate Phone
14/15.	Emergency Contact			Emergency Contact
14/10.	Name/Phone			Name/Phone
16.	Educational Level		16.	Educational Level
17.	Employer Name		17.	Employer Name
18.	Special Circumstances (check all that apply.)		18.	Special Circumstances (check all that apply.)
	☐ Mental Illness ☐ Violent Potential			☐ Mental Illness ☐ Violent Potential
	☐ Disability ☐ Domestic Violence			☐ Disability ☐ Domestic Violence
	☐ Criminal Record ☐ Homicidal			☐ Criminal Record ☐ Homicidal
	☐ Substance Use/Abuse ☐ Suicidal			☐ Substance Use/Abuse ☐ Suicidal
	☐ Trafficking Victim ☐ LGBTQ Issues			☐ Trafficking Victim ☐ LGBTQ Issues
	Other:			Other:
19.	·			Does this person have prior involvement with DCFS?
20.	Is there a Protective Order in place for this person?	□ No	20.	Is there a Protective Order in place for this person?
F.	Adult #5	F.		Adult #6
1.	Full Name		1.	Full Name
2/3/4.	Age/Gender/Rel. to HH	2/3	3/4.	Age/Gender/Rel. to HH
5/6.	DOB/TIPS #			DOB/TIPS #
7/8.	Race/Ethnicity Non-Hisp. Hisp.			Race/Ethnicity Non-Hisp. Hisp. Unk.
9.	Marital Status			Marital Status
10.	To participate with FRC Yes No			To participate with FRC Yes No
11.	Physical Address			Physical Address
12.	-			City/State/ZIP
13.	Phone/Alternate Phone			Phone/Alternate Phone
14/15.	Emergency Contact	14/		Emergency Contact
,	Name/Phone			Name/Phone
16.	Educational Level		16.	Educational Level
17.	Employer Name			Employer Name
18.	Special Circumstances (check all that apply.)			Special Circumstances (check all that apply.)
10.	☐ Mental Illness ☐ Violent Potential			☐ Mental Illness ☐ Violent Potential
	☐ Disability ☐ Domestic Violence			☐ Disability ☐ Domestic Violence
	☐ Criminal Record ☐ Homicidal			☐ Criminal Record ☐ Homicidal
	☐ Substance Use/Abuse ☐ Suicidal			□ Substance Use/Abuse □ Suicidal
	☐ Trafficking Victim ☐ LGBTQ Issues			☐ Trafficking Victim ☐ LGBTQ Issues
	Other:			Other:
10	Does this person have prior involvement with DCES2 Use I	I No	19	Does this person have prior involvement with DCFS? \square Vec \square No
19. 20.	·	_		Does this person have prior involvement with DCFS? ☐ Yes ☐ No Is there a Protective Order in place for this person? ☐ Yes ☐ No