*This form is required when making a referral to the DFS report line pursuant to Policy 209.*

*The report may be screened out if these steps are not completed before making a referral.*

1. **Referent Information**

**Referral Date:** Click or tap to enter a date.

**Person Making Referral:** enter text here **Position/Role:** enter text here

**Contact Number:** enter text here **Email Address:** enter text here

**Division:** Choose an item.

**Primary Reason for Referral:** enter text here

1. **Youth Information**

**Name:** enter text here

**DOB:** enter text here **PID:** enter text here

**Contact Number (if applicable):** enter text here **Email Address (if applicable):** enter text here

**Home Address:** enter text here

**Education status:** enter text here

**Current Diagnosis:** enter text here

**Current Medications:** enter text here

**List any pending and adjudicated charges:** enter text here

**Active Divisions: DFS**[ ] if checked, enter case manager name & contact information here

**DPBHS**[ ] if checked, enter case manager name & contact information here

**DYRS**[ ] if checked, enter case manager name & contact information here

**Is this youth in an out-of-home setting?** [ ]  **Yes (complete section 3)** [ ]  **No (skip to section 4)**

1. **Current Placement or Residential Program Information**

**Placement/Program Details (include facility name, address, phone, agency contact person, admission date, and any other pertinent details):**

enter placement/program details here

**Anticipated Discharge Date:** Click or tap to enter a date.

**Transition Plan and Outpatient Treatment Plan Details:**

enter transition plan and outpatient treatment needs here, including information about referral and resource identification needs

**Living Arrangement Prior to Placement / Program Admission**

**Name:** enter text here

**Relationship:** enter text here

**Address:** enter text here

**Contact Numbers:** enter text here

**Email Address:** enter text here

1. **Family Demographic Information**

**Mother:** enter text here

**Address:** enter text here

**Contact Numbers:** enter text here

**Email Address:** enter text here

**Legal Custodian?** Choose an item.

**Father:** enter text here

**Address:** enter text here

**Contact Numbers:** enter text here

**Email Address:** enter text here

**Legal Custodian?** Choose an item.

**If neither parent is a legal custodian, please complete this section**

**Legal Custodian:** enter text here

**Relationship to Youth:** enter text here

**Address:** enter text here

**Contact Numbers:** enter text here

**Email Address:** enter text here

**Sibling(s):** enter text here

**Address:** enter text here

**Contact Numbers:** enter text here

**Other important family members or supports:**

**Name:** enter text here

**Address:** enter text here

**Relationship to Youth:** enter text here

**Contact Numbers:** enter text here

**Name:** enter text here

**Address:** enter text here

**Relationship to Youth:** enter text here

**Contact Numbers:** enter text here

**Name:** enter text here

**Address:** enter text here

**Relationship to Youth:** enter text here

**Contact Numbers:** enter text here

**If the family has history with the Department (DFS, DPBHS, DYRS, DMSS) summarize activity here:** enter text here

1. **Efforts to Engage Parent(s)/Legal Custodian(s) in Planning for Youth**

**Include the following information in your summary:**

* **Dates of attempted/completed calls, meetings, and correspondence with custodian or family members or supports related to planning for return home and care for the youth, please specify type of contact**
* **Outcome of all contacts**
* **Information about barriers to youth returning to the care of the custodian**
* **Attempts made by the custodian to develop an alternative plan for the youth**
* **Other possible relative or non-relative resources identified**

Include efforts to engage parents and any other legal custodians of the youth

1. **Potential Caregivers Suggested by the Youth**

Provide names, relationships, and any available contact information for potential resources identified by the youth.

1. **Efforts to Identify & Engage Other Relatives and/or Potential Caregivers**

**Please summarize all efforts to identify relatives and non-relative resources and engage those identified in planning for the youth (include the individual’s name, relationship to the youth, address and contact information, and details as noted in section 5):**

Summarize identification and engagement efforts here

**Resources to support planning efforts:**

* Adoptive and guardianship families may be eligible for support through post-permanency providers. You can learn more here: <https://kids.delaware.gov/family-services/post-adoption/>
* The Family Support Resource Support Team (FIRST) may be able to help the family find community-based resources to support the youth’s return home. You can learn more about FIRST on the extranet: <https://stateofdelaware.sharepoint.com/sites/DSCYF/SitePages/Dmss-Ocm-First.aspx>