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**DFCS Referral Form**

|  |  |
| --- | --- |
| Referral Date**:**  Caseworker:  Telephone:  Email: | County:  Social Services Supervisor (SSS):  CASA (If any): |

**Biological Parent(s)/ Visiting Family Member(s) Information**

|  |  |
| --- | --- |
| Services Needed (Yes/No)  Case ID/ Shines ID:  Name:  Relationship:  Address:  Primary Phone:       Secondary: | Services Needed: (Yes/No)  Case ID/ Shines ID:  Name:  Relationship:  Address:  Primary Phone:       Secondary: |
| Persons **not** allowed at visits (explain): | |

# Service’s Plan

|  |  |
| --- | --- |
| *Service’s Needed:*  Parenting  Supervised Visitation  Transportation for child(ren)  Sibling Visits | Date to commence:    Duration of each service (how often and for how many hours):    Special Arrangements: |

# Transportation Arrangements for Child(ren)

|  |  |
| --- | --- |
| Caseworker to transport  Foster Parent to transport  Family Time to transport | Outside Provider to transport:  (Agency Name, Contact Person, Phone Number):  Other Arrangements: |
| School  Daycare  School Name:  School Contact Person (If any):  Name of child(ren):  Car seat Needed (Yes/No):  Grade: | School  Daycare  School Name:  School Contact Person (If any):  Name of child(ren):  Car seat Needed (Yes/No):  Grade: |

**Child(ren)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Sex | Services Needed? (Yes/No) |
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**Are there any issues or circumstances that visitation center should be aware of with respect to the children such as allergies, fears, special needs, etc?**

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**Current Foster/ Relative Placement #1**

|  |  |
| --- | --- |
| Child(ren) Placed in This Home:  Placement Name(s): | Placement Type:  County: |
| Address:  City/ State: | Phone:  Relation: |

|  |  |  |  |
| --- | --- | --- | --- |
| ***If placement is a relative or biological parent, please answer the following:***  *DOB:* *Last 4 digits of SSN:* *Ethnicity:*  *Marital Status:*  *Highest grade or level completed:* | | | |
| *Household Income Sources (check all that apply):* | | | *Estimated Household Income* |
| *Full-time employment*  *Part-time employment*  *Food Stamps*  *Child Support*  *Private disability insurance* | *Relative Subsidy*  *Retirement*  *Social Security*  *SSI*  *TANF* | *Unemployment*  *VA – Veteran’s Admin*  *WIC*  *Workman’s Comp*  *Other* | *Less than $10,000*  *$10,000 - $19,999*  *$20,000 - $29,999*  *$30,000 - $39,999*  *$40,000 - $49,999*  *More than $50,000* |

**If more than one Foster/ Relative Placement #2**

|  |  |
| --- | --- |
| Child(ren) Placed in This Home:  Placement Name(s): | Placement Type:  County: |
| Address:  City/ State: | Phone:  Relation: |

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| --- | --- | --- | --- |
| ***If placement is a relative or biological parent, please answer the following:***  *DOB:       Last 4 digits of SSN:       Ethnicity: Marital Status: Highest grade or level completed:* | | | |
| *Household Income Sources (check all that apply):* | | | *Estimated Household Income* |
| *Full-time employment*  *Part-time employment*  *Food Stamps*  *Child Support*  *Private disability insurance* | *Relative Subsidy*  *Retirement*  *Social Security*  *SSI*  *TANF* | *Unemployment*  *VA – Veteran’s Admin*  *WIC*  *Workman’s Comp*  *Other* | *Less than $10,000*  *$10,000 - $19,999*  *$20,000 - $29,999*  *$30,000 - $39,999*  *$40,000 - $49,999*  *More than $50,000* |

**If more than two Foster/ Relative Placements #3**

|  |  |
| --- | --- |
| Child(ren) Placed in This Home:  Placement Name(s): | Placement Type:  County: |
| Address:  City/ State: | Phone:  Relation: |

|  |  |  |  |
| --- | --- | --- | --- |
| ***If placement is a relative or biological parent, please answer the following:***  *DOB:       Last 4 digits of SSN:       Ethnicity: Marital Status: Highest grade or level completed:* | | | |
| *Household Income Sources (check all that apply):* | | | *Estimated Household Income* |
| *Full-time employment*  *Part-time employment*  *Food Stamps*  *Child Support*  *Private disability insurance* | *Relative Subsidy*  *Retirement*  *Social Security*  *SSI*  *TANF* | *Unemployment*  *VA – Veteran’s Admin*  *WIC*  *Workman’s Comp*  *Other* | *Less than $10,000*  *$10,000 - $19,999*  *$20,000 - $29,999*  *$30,000 - $39,999*  *$40,000 - $49,999*  *More than $50,000* |

# Reason for Placement:

|  |
| --- |
|  |

# Visitation/Parenting Goals:

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**Are there any circumstances or areas of concern that visitation center should be aware of with respect to the visitor(s)?**

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**Additional Comments:**

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**\*\* Attach any additional relevant documents or narrative.\*\***

**Please email or fax form to numbers provided on first page.**