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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 [ ]  DaycareSchool Name:       School Contact Person (If any):      Name of child(ren):       Car seat Needed (Yes/No):      Grade:       | [ ]  School [ ]  DaycareSchool 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) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**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:       |

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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 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:       |

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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* |

# Reason for Placement:

|  |
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|       |

# 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.**