



### Intake Referral Form

- Parenting Classes    Parent Aide    Coaching to Permanence  
 Carolina's Children    Family Connections    Info or Referral only

Date \_\_\_\_\_ Time \_\_\_\_\_ Caller's Name \_\_\_\_\_ Phone \_\_\_\_\_

CPS Worker: \_\_\_\_\_ Phone \_\_\_\_\_

Are services court-ordered?  Yes  No

**Mother** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Race: White-Black-Asian-Native American-Multi-Racial-Unknown

Employed \_\_\_\_\_

**Father** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Race: White-Black-Asian-Native American-Multi-Racial-Unknown

Employed \_\_\_\_\_

**Children**                      DOB              Age              Gender


**Others in Home**    Age                      Relationship


Intake Signature \_\_\_\_\_

Revised 12/12/2016

Disposition of Case \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Intake Referral Form

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Any SCAN referrals previously made?  Yes  No

Any previous reports made to CPS?  Yes  No

How many reports? \_\_\_\_\_ How many substantiated? \_\_\_\_\_

History of prior reports?

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**Type of Referral:**  Abuse  Neglect  Dependency  Failure To Thrive  Mental Health

Domestic Violence  Substance Abuse  Lack of Supervision  At Risk for: \_\_\_\_\_

What happened to initiate this new report?

State specific areas that DSS or the referring agency would like SCAN to address.

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Any court involvement?  Yes  No Up-coming court dates: \_\_\_\_\_

Have parents been involved with CPS as a child?  Yes  No

Have parents been in Foster Care as a child?  Yes  No

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What has family been told about Pharos Parenting?

Others involved with family?

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Directions to home: