**FAMILY BASED SERVICES REFERRAL FORM**

**COMMUNITY AND FAMILY SERVICES (CFS)**

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| Referring Worker’s Name: County:Referring Worker’s Phone Number: Referring Worker’s Email:  Service Requested: Parent Education or Supervised Visits  | Date:Primary spoken language:Are interpreter services needed? *County will be responsible for arranging interpreter services.*ICWA case?  |

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| **Clients** **Parent(s)/Child(ren)** | **Date of Birth** | **Address, & Location** (home or placement) | **Phone Number & Email Address** |
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**Briefly describe how social services became involved:**

**Briefly describe the goals and purpose for family-based services and whether the family agrees:**

**Requested length, frequency, times, and location of services:**

**List family strengths and things that are going well:**

**Describe any drug, alcohol, or mental health concerns and any physical or sexual abuse or neglect concerns:**

**List any other service providers involved with the family:**

**Describe any special considerations or family dynamics to be aware of:**

**Thank you for completing the referral form. We look forward to working with you!**

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