

Intensive Family Preservation Referring Agency Referral Form – DSS

County DSS workers may complete this form and send to an IFPS program to begin a referral. The Supervisor's signature verifies that all information below is correct and the family does meet the criteria for provision of IFPS services as outlined in the State's IFPS Policies & Procedures.

Referring Agency: _____	
Referring Worker: _____	Phone: _____
Referring Worker's email address: _____	
Supervisor Name: _____	Phone: _____
Supervisor Signature: _____	Date: _____

Client Information:	Family Name: _____	Phone: _____
Address: _____		
Parent/Caretaker(s):	attach additional sheets if there are more caregivers/children	
1. Name: _____	Relationship to child: _____	Age: _____
2. Name: _____	Relationship to child: _____	Age: _____
Child(ren):		
1. Name: _____	SIS number: 200_____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104) _____	
2. Name: _____	SIS number: 200_____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104) _____	
3. Name: _____	SIS number: 200_____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104) _____	
4. Name: _____	SIS number: 200_____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104) _____	
5. Name: _____	SIS number: 200_____	
DOB: _____	Primary maltreatment type found*: (field 32 on 5104) _____	
<small>*Maltreatment types are only applicable in cases with a substantiation. There are no maltreatment types for Services Needed findings.</small>		

DSS Referrals: Type found must be one of the following:
<input type="checkbox"/> Substantiation of Abuse, Neglect or Dependency, or a finding of Services Needed AND a rating of high on the Risk Assessment (DSS-5230) Date of Substantiation/Svcs Needed: _____
<i>Note: If Substantiation occurred, maltreatment information in previous section must be completed.</i>
Required forms: (Note: A referral is not complete without these forms)
<input type="checkbox"/> Family Risk Assessment or Reassessment (5230 or 5226) <input type="checkbox"/> NC Safety Assessment (5231)
<input type="checkbox"/> Family Strengths and Needs (5229) <input type="checkbox"/> Case Decision Summary/Initial Case Plan (5228)

IFPS Agency: Date/Time Received: _____ Staff Assigned: _____
Action Taken: _____