

Demographics

Family Information Snapshot or xxx Referral Case #: nnnnnn Investigation:	Referral Status: Created Date:
---	-----------------------------------

- |                              |                              |                                      |                                 |                       |                        |                               |                          |
|------------------------------|------------------------------|--------------------------------------|---------------------------------|-----------------------|------------------------|-------------------------------|--------------------------|
| <a href="#">Demographics</a> | <a href="#">Service Need</a> | <a href="#">Current Service Need</a> | <a href="#">Service History</a> | <a href="#">Court</a> | <a href="#">Health</a> | <a href="#">School</a>        |                          |
|                              |                              |                                      |                                 |                       |                        | <a href="#">Referral Type</a> | <a href="#">Approval</a> |

<b>&lt;Referral Type&gt; / Family Information</b>	DHS CASE NUMBER: CASE NAME: DATE:	<b>PHILADELPHIA DEPARTMENT OF HUMAN SERVICES CHILDREN AND YOUTH</b>
CASE WORKER: PH: EMAIL: <input checked="" type="checkbox"/> ON BEHALF OF: EMAIL:	SUPERVISOR: PH: EMAIL:	ADMINISTRATOR: PH: EMAIL:
INVG WORKER: PH: EMAIL: <input checked="" type="checkbox"/> ON BEHALF OF: EMAIL:	SUPERVISOR: PH: EMAIL:	ADMINISTRATOR: PH: EMAIL:

**FAMILY DEMOGRAPHICS**

POLICE DISTRICT:	PRIM LANG:	INTREPERETER NEEDED:					ACCEPT FOR SERVICE DATE:
MOTHER	RACE	HISP?	GENDER	DOB (AGE)	SSN	PHONE	ADDRESS
1							
FATHER	RACE	HISP?	GENDER	DOB (AGE)	SSN	PHONE	ADDRESS
2							
3							
CHILDREN	RACE	GENDER	DOB (AGE)	SSN	FSP GOAL	PHONE	HOME OF ORIGIN ADDRESS <hr/> PLACEMENT ADDRESS
A							
Father Suffix:							
B							
Father Suffix:							
S							ACTIVE CASE (SUFFIX):
OTHER CAREGIVERS	CASE ROLE	DOB (AGE)	PHONE	ADDRESS			
4							
5							
SIGNIFICANT OTHERS	CASE ROLE	DOB (AGE)	PHONE	ADDRESS			
6							
7							

## FAMILY RELATIONSHIPS

SUF	PARTY	RELATIONSHIP	SUF	CHILD
1	Last, First M	Biological Mother	A	Last, First M
2	Last, First M	Biological Father	A	Last, First M

[Continue =>](#)

Initial Service Need

**FACTORS AFFECTING MOST RECENT ACCEPT FOR SERVICE**

+ FAMILY DEMOGRAPHICS FROM INITIAL REFERRAL ON <Referral Completed Date>	
SFX	PARTY
1	Last Name, First Name, MI; Age text; Role in referral
2	Last Name, First Name, MI; Age text; Role in referral
A	Last Name, First Name, MI; Age text; Role in referral

**INITIAL SAFETY THREATS**

SFX	DATE	THREAT
A	Mm/dd/yyyy	T1 Caregiver intended to cause serious harm

**INITIAL DIMINISHED CAPACITIES**

SFX	DIMINSHED CAPACITY
1	Emotional, Cognitive, Behavioral
2	Emotional, Cognitive, Behavioral

**INITIAL FINDINGS**

REPORT DATE	REPORT REF NMBR	ACCEPT FOR SERVICE DECISION

ALLEGATIONS	DETERMINATION
List of indicated/founded CPS allegations and GPS as found in home for the invg that opened the case	Indicated – Perp Admin No – Not Found in Home

**OTHER PARENT AND CAREGIVER FACTORS**

1	List of factors
2	List of factors
3	List of factors

**CHILD AND YOUTH FACTORS AFFECTING INITIAL ACCEPT FOR SERVICE**

A	List of factors
B	List of factors

**CULTURAL CONSIDERATIONS AND OTHER SIGNIFICANT FACTORS**

1	List of factors
2	List of factors
3	List of factors
A	List of factors
B	List of factors

Continue =>

Current Service Need

+ FACTORS AFFECTING CURRENT SERVICE NEEDS		
ACTIVE SAFETY THREATS		
SFX	DATE	THREAT
A	Mm/dd/yyyy	T1 Caregiver intended to cause serious harm
INITIAL DIMINISHED CAPACITIES		
SFX	DIMINSHED CAPACITY	
1	Emotional, Cognitive, Behavioral	

OTHER PARENT AND CAREGIVER FACTORS			
1	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	
2	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	
3	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	

CHILD AND YOUTH FACTORS AFFECTING CURRENT SERVICE NEED			
A	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	
B	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	

+ INVESTIGATIONS COMPLETED					
REPORT DATE	REPORT REF NMBR	REPORT TYPE	ACCEPT FOR SERVICE DECISION	ALLEGATIONS	DETERMINATION
		CPS		CPS Bruise (A) GPS Failure to Provide Sufficient Clothing	Indicated – Perp Admin No – Not Found in Home
				GPS Failure to Provide Sufficient Clothing	No – Not Found in Home

+ INFORMATION COLLECTION AND ANALYSIS	
STRUCTURED PROGRESS NOTE DOMAIN	Select SPN <input type="button" value="v"/>
EXTENT OF MALTREATMENT:	<input type="checkbox"/> Confirm and Edit
CIRCUMSTANCES SURROUNDING THE MALTREATMENT:	<input type="checkbox"/> Confirm and Edit
CHILD FUNCTIONING BY SUFFIX:	<input type="checkbox"/> Confirm and Edit
ADULT FUNCTIONING:	<input type="checkbox"/> Confirm and Edit
PARENT CAREGIVER PARENTING PRACTICES:	<input type="checkbox"/> Confirm and Edit
PARENT CAREGIVER DISCIPLINARY PRACTICES:	<input type="checkbox"/> Confirm and Edit

+ CULTURAL CONSIDERATIONS AND OTHER SIGNIFICANT FACTORS			
1	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	
2	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	
A	<input type="button" value="Edit"/>		
B	<input type="button" value="Edit"/>	<input type="checkbox"/> No Factors	

### Factors Pop Up Editor Pages

MANAGE OTHER PARENT AND CAREGIVER FACTORS							
MAINTAIN OTHER PARENT AND CAREGIVER FACTORS FOR Last, First M (suffix)							
<table border="1"><thead><tr><th>FACTORS</th><th>REMOVE?</th></tr></thead><tbody><tr><td></td><td>-</td></tr><tr><td></td><td>-</td></tr></tbody></table>	FACTORS	REMOVE?		-		-	<p>Select Factors <input type="button" value="v"/></p> <p>Additional factor text <input type="text"/></p> <p><input type="button" value="ADD +"/></p> <p><input type="button" value="SAVE AND CLOSE"/></p>
FACTORS	REMOVE?						
	-						
	-						

MANAGE CHILD AND YOUTH FACTORS							
MAINTAIN CHILD AND YOUTH FACTORS FOR Last, First M (suffix)							
<table border="1"><thead><tr><th>FACTORS</th><th>REMOVE?</th></tr></thead><tbody><tr><td></td><td>-</td></tr><tr><td></td><td>-</td></tr></tbody></table>	FACTORS	REMOVE?		-		-	<p>Select Factors <input type="button" value="v"/></p> <p>Additional factor text <input type="text"/></p> <p><input type="button" value="ADD +"/></p> <p><input type="button" value="SAVE AND CLOSE"/></p>
FACTORS	REMOVE?						
	-						
	-						

MANAGE CULTURAL CONSIDERATIONS AND OTHER SIGNIFICANT FACTORS							
MAINTAIN CULTURAL CONSIDERATIONS AND OTHER SIGNIFICANT FACTORS FOR Last, First M (suffix)							
<table border="1"><thead><tr><th>FACTORS</th><th>REMOVE?</th></tr></thead><tbody><tr><td></td><td>-</td></tr><tr><td></td><td>-</td></tr></tbody></table>	FACTORS	REMOVE?		-		-	<p>Select Factors <input type="button" value="v"/></p> <p>Additional factor text <input type="text"/></p> <p><input type="button" value="ADD +"/></p> <p><input type="button" value="SAVE AND CLOSE"/></p>
FACTORS	REMOVE?						
	-						
	-						

Service History

**SERVICE HISTORY**

**+** **CURRENT PAID DHS SERVICE PROVIDERS**

<b>IHPS / FSS</b>	<b>IHPS REFERRAL TYPE:</b>		
<b>AGENCY NAME</b>		<b>AGENCY ADDRESS</b>	
<b>LOCATION(S) OF SERVICE</b>			

**OTHER PAID SERVICES**

<b>SUFFIX(ES)</b>	<b>SERVICE: ex Group Home – Dependent – Transition – General Rate</b>		
<b>AGENCY NAME:</b>	<b>AGENCY ADDRESS</b>		
<b>PROVIDER NAME:</b>			

<b>SUFFIX(ES)</b>	<b>SERVICE: ex Group Home – Dependent – Transition – General Rate</b>		
-------------------	---	--	--

<b>AGENCY NAME:</b>	<b>AGENCY ADDRESS</b>		
---------------------	-----------------------	--	--

<b>PROVIDER NAME:</b>			
-----------------------	--	--	--

**CURRENT AGENCY- SOCIAL WORKER INFORMATION FOR ABOVE AGENCIES**

--

**OTHER CURRENT SERVICES**

--

**+** **PRIOR PAID DHS SERVICE HISTORY**

FAMILY/SUFFIX	AGENCY NAME	SERVICE	START DATE	END DATE

Continue =>

Court

COURT INFORMATION

DOCKET NO	SFX	DOCKET TYPE CATEGORY	HEARING DATE	COURTROOM	JUDGE

	ATTORNEY NAME	ATTORNEY ADDRESS	ATTORNEY FOR
CHILD/YOUTH ATTORNEY			
OTHER ATTORNEY(S)			

PROBATION OFFICER

DOCKET NO	SFX	DOCKET TYPE CATEGORY	HEARING DATE	COURTROOM	JUDGE

	ATTORNEY NAME	ATTORNEY ADDRESS	ATTORNEY FOR
CHILD/YOUTH ATTORNEY			
OTHER ATTORNEY(S)			

PROBATION OFFICER

SFX	DEPENDENCY STATUS
A	Select Dependency Status <input type="button" value="v"/>
B	Select Dependency Status <input type="button" value="v"/>

CITY SOLICITOR NAME:	Data entry
CITY SOLICITOR EMAIL ADDRESS:	Data entry

ENTER ATTORNEY CONTACT INFORMATION IF NOT LISTED ABOVE (ADDRESS AND PHONE NUMBER):  
 Data entry

Continue =>

+ PHYSICAL AND BEHAVIORAL HEALTH INFORMATION				
A	PRIMARY CARE PROVIDER ADDRESS / PHONE	INSURANCE PROVIDER INSURANCE ID NUMBER	DENTAL CARE PROVIDER ADDRESS / PHONE	BEHAVIORAL HEALTH PROVIDER ADDRESS / PHONE
<input type="checkbox"/> No Medical Diagnosis <input type="button" value="Edit"/>		MEDICAL DIAGNOSES		RX? SPECIALIST?
				Y/N Y/N
<input type="checkbox"/> No Special Needs <input type="button" value="Edit"/>		SPECIAL NEEDS OR EQUIPMENT		RX?
		If Intellectual Disability, concatenate the iq band to the factor		Y/N
<input type="checkbox"/> No Behavioral Health Issues <input type="button" value="Edit"/>		BEHAVIORAL HEALTH ISSUES		CURRENT ISSUE? IN TREATMENT? PAST ISSUE?
				Y/N Y/N Y/N
<input type="checkbox"/> No Substance Abuse factors <input type="button" value="Edit"/>		SUBSTANCE ABUSE FACTOR		ACTIVELY USING? IN TREATMENT? RECOVERING?
				Y/N Y/N Y/N
B	PRIMARY CARE PROVIDER ADDRESS / PHONE	INSURANCE PROVIDER INSURANCE ID NUMBER	DENTAL CARE PROVIDER ADDRESS / PHONE	BEHAVIORAL HEALTH PROVIDER ADDRESS / PHONE
<input type="checkbox"/> No Medical Diagnosis <input type="button" value="Edit"/>		MEDICAL DIAGNOSES		RX? SPECIALIST?
				Y/N Y/N
<input type="checkbox"/> No Special Needs <input type="button" value="Edit"/>		SPECIAL NEEDS		RX?
				Y/N
<input type="checkbox"/> No Behavioral Health Issues <input type="button" value="Edit"/>		BEHAVIORAL HEALTH ISSUES		CURRENT ISSUE? IN TREATMENT? PAST ISSUE?
				Y/N Y/N Y/N
<input type="checkbox"/> No Substance Abuse factors <input type="button" value="Edit"/>		SUBSTANCE ABUSE FACTOR		ACTIVELY USING? IN TREATMENT? RECOVERING?
				Y/N Y/N Y/N
1	<input type="checkbox"/> No Medical Diagnosis <input type="button" value="Edit"/>			
	MEDICAL DIAGNOSES			
<input type="checkbox"/> No Special Needs <input type="button" value="Edit"/>		SPECIAL NEEDS		
<input type="checkbox"/> No Behavioral Health Issues <input type="button" value="Edit"/>		BEHAVIORAL HEALTH ISSUES		CURRENT ISSUE? IN TREATMENT? PAST ISSUE?
				Y/N Y/N Y/N
<input type="checkbox"/> No Substance Abuse factors <input type="button" value="Edit"/>		SUBSTANCE ABUSE FACTOR		ACTIVELY USING? IN TREATMENT? RECOVERING?
				Y/N Y/N Y/N

## Health (cont)

ADDITIONAL MEDICAL DIAGNOSIS INFORMATION

ADDITIONAL SPECIAL NEEDS INFORMATION

ADDITIONAL BEHAVIORAL HEALTH INFORMATION (IF THERE IS A CURRENT BEHAVIORAL HEALTH ISSUE AND NOT IN TREATMENT, EXPLAIN WHY. IF IN TREATMENT, INDICATE WHERE.)

Required if current or in treatment for BH

ADDITIONAL SUBSTANCE ABUSE INFORMATION (IF ACTIVELY USING AND NOT IN TREATMENT, EXPLAIN WHY. IF IN TREATMENT, INDICATE WHERE.)

Required if actively using or in treatment for substance abuse

Continue =>

MANAGE MEDICAL DIAGNOSES

MAINTAIN MEDICAL DIAGNOSES FOR Last, First M (suffix)

MEDICAL DIAGNOSES	RX?	SPECIALIST?	REMOVE
	Y/N	Y/N	-
	Y/N	Y/N	-

Select Medical Diagnoses ▼

Other text, allergies ...

Is child currently on prescription medication?

Is child seeing a specialist

+ ADD

SAVE AND CLOSE

MANAGE SPECIAL NEEDS OR EQUIPMENT

MAINTAIN SPECIAL NEEDS FOR Last, First M (suffix)

SPECIAL NEEDS	RX	REMOVE?
	Y/N	-
	Y/N	-

Select Special Needs ▼

Other text

Is child currently on prescription medication?

Select Intellectual Disability Band ▼

+ ADD

SAVE AND CLOSE

MANAGE BEHAVIORAL HEALTH INFORMATION

MAINTAIN BEHAVIORAL HEALTH INFORMATION FOR Last, First M (suffix)

BEHAVIORAL HEALTH	CURRENT?	TREATMENT?	PAST?	REMOVE
	Y/N	Y/N	Y/N	-
	Y/N	Y/N	Y/N	-

Select Behavioral Health ▼

Other text

Current Issue?

In Treatment?

Past Issue?

+ ADD

SAVE AND CLOSE

For 'flagged' factors, if Current Issue is indicated, then display a message "If this occurred within the past 72 hours, call BHS Acute Services immediately at (215-685-6440 or 215-413-7085) before you proceed!"

This is for Children Only

MANAGE SUBSTANCE ABUSE

MAINTAIN SUBSTANCE ABUSE FOR Last, First M (suffix)

SUBSTANCE ABUSE	ACTIVE?	TREATMENT?	RECOVERING?	REMOVE
	Y/N	Y/N	Y/N	-
	Y/N	Y/N	Y/N	-

Select Substance Abuse ▼

Other text

Actively Using?

In Treatment?

Recovering?

+ ADD

SAVE AND CLOSE

School

+	<b>SCHOOL INFORMATION</b>
---	---------------------------

SCHOOL AGE CHILDREN				
---------------------	--	--	--	--

SFX	ENTER SCHOOL	SCHOOL	SCHOOL ADDRESS		
A	<input type="checkbox"/>	---			

GRADE (K-12)	GRADE LEVEL PERFORMANCE	# ABSENCES		DISCIPLINE	CHILD'S SCHOOL ID
		EXCUSED	UNEXCUSED	SUSPENSION	
Grade	Select Level				<input type="checkbox"/> Unknown
SPECIAL ED?		SPECIAL EDUCATION TYPE			
<input type="checkbox"/>	Select special education	OTHER	Other special ed		

SFX	ENTER SCHOOL	SCHOOL	SCHOOL ADDRESS		
B	<input type="checkbox"/>	---			

GRADE (K-12)	GRADE LEVEL PERFORMANCE	# ABSENCES		DISCIPLINE	CHILD'S SCHOOL ID
		EXCUSED	UNEXCUSED	SUSPENSION	
Grade	Select Level				<input type="checkbox"/> Unknown
SPECIAL ED?		SPECIAL EDUCATION TYPE			
<input type="checkbox"/>	Select special education	OTHER	Other special ed		

PRESCHOOL AGE CHILDREN				
------------------------	--	--	--	--

SFX	AGE APPROPRIATE SKILL LEVEL				EARLY INTERVENTION, PRESCHOOL, GET SET, HEAD START, DAY CARE OR OTHER PROVIDER
	LANGUAGE	MOTOR	COORDINATION	UNKNOWN	
C				<input type="checkbox"/>	
D				<input type="checkbox"/>	

Continue =>

**IHPS REFERRAL**

LOCATION(S) OF SERVICE	<input type="button" value="Edit"/>	
---------------------------	-------------------------------------	--

IHPS REFERRAL TYPE	Select IHPS Referral Type <input style="width: 80%;" type="button" value="v"/>
-----------------------	--

<b>OTHER IMPORTANT DATES</b>

<b>ASSESSMENT OF FAMILY MEMBER STRENGTHS AND INFORMAL SUPPORTS</b>

<b>SPECIFIC COURT ORDERS THAT NEED TO BE ADDRESSED (IF APPLICABLE)</b>

<b>OTHER RELEVANT ISSUES</b>

<input type="checkbox"/> There is a second comprehensive Safety Assessment for this Case and this Case is approved for Rapid Assignment to the Ongoing Service Region
Rapid Assignment confirmation is disabled/ hidden except for Administrator and CRU

**Pop Up Location Selector**

MANAGE LOCATION(S) OF SERVICE		
ADDRESSES	REMOVE?	Select Addresses <input style="width: 90%;" type="button" value="v"/>
	-	<input type="button" value="ADD +"/>
	-	<input type="button" value="SAVE AND CLOSE"/>

FAMILY STABILIZATION REFERRAL

LOCATION(S)  
OF SERVICE

Edit

OTHER IMPORTANT DATES

ASSESSMENT OF FAMILY MEMBER STRENGTHS AND INFORMAL SUPPORTS

SPECIFIC COURT ORDERS THAT NEED TO BE ADDRESSED (IF APPLICABLE)

OTHER RELEVANT ISSUES

CIRCUMSTANCES SURROUNDING INVOLVEMENT WITH FAMILY COURT

Continue =>

Pop Up Location Selector

MANAGE LOCATION(S) OF SERVICE	
ADDRESSES	REMOVE?
	-
	-

Select Addresses

PLACEMENT REFERRAL

CHILDREN AND YOUTH REQUIRING PLACEMENT	Edit	

PLACEMENT TYPE Select Placement Type

Is this a kinship referral?

IF NO, SPECIFY RESOURCES USED IN EFFORT TO IDENTIFY AND LOCATE KIN

Edit	RESOURCE USED IN EFFORT TO IDENTIFY AND LOCATE KIN

EXPLAIN WHY NOT ALL RESOURCES WERE EXPLORED IN EFFORTS TO IDENTIFY AND LOCATE KIN

Required if not all available resources were specified

Is there any reason why siblings cannot be placed together or does any child need to be placed with no other children in the home?

IF YES, DESCRIBE AND SPECIFY CHILDREN

If more than one child selected for placement, must answer y/n. If Y, then this text is required.

Are there any restrictions regarding parental visitation or particular court order that must be followed?

IF YES, EXPLAIN

Required if yes

Are there any restrictions regarding sibling visitation or particular court order that must be followed?

IF YES, EXPLAIN WHICH SIBLINGS

Required if yes

OTHER IMPORTANT DATES

ASSESSMENT OF FAMILY MEMBER STRENGTHS AND INFORMAL SUPPORTS

SPECIFIC COURT ORDERS THAT NEED TO BE ADDRESSED (IF APPLICABLE)

OTHER RELEVANT ISSUES

REASONS FOR CURRENT REQUEST FOR PLACEMENT

Continue =>

Pop Up Editor

MANAGE KINSHIP RESOURCES

KINSHIP RESOURCE		<span>Select Kinship Resources</span>
	-	
	-	

+ ADD

SAVE AND CLOSE

RAPID SERVICE RESPONSE INITIATIVE REFERRAL

RSRI SERVICES ARE APPROPRIATE FOR INDICATED CPS, VICTIM CHILD UNDER 3 AND THE CASE IS NOT BEING ACCEPTED FOR SERVICE.

Edit	CRITERIA FOR RSRI SERVICES

DESCRIPTION OF SERVICE NEEDS: (Specify the Service Issues that RSR is expected to address within 60 days)

SPECIFIC COURT ORDERS THAT NEED TO BE ADDRESSED (IF APPLICABLE)

Continue =>

Pop Up Editor

MANAGE CRITERIA FOR RSRI SERVICES

RSRI SERVICES		Select Criteria for RSRI SERVICES
	-	Other ..
	-	

+ ADD

SAVE AND CLOSE

What particular FSP objectives relevant to the Family School program do you want to be addressed by this referral?

DESCRIPTION:

SPECIFIC COURT ORDERS THAT NEED TO BE ADDRESSED (IF APPLICABLE)

Continue =>

COURT SHEET	
CHILDREN & YOUTH FOR COURT HEARING	<input type="button" value="Edit"/>

For any dependent/delinquent youth leaving custody/responsibility of the Agency at 18 years old or older:

Does the youth have a permanent residence?

Does the youth have a source of income to support him/herself (either employment or public benefits)?

Does the youth have a life connection? (Life connection is defined as the love and emotional support of at least one adult who is committed to their development and individual success).

For children that are at risk of placement, at risk of placement disruption, new to placement or being discharged from placement as an older youth:

Has there been a Family Group Decision Making meeting?     Is the report available to court?

Date of meeting:

PROGRESS REPORT

---

SPECIFIC COURT ORDERS THAT NEED TO BE ADDRESSED (IF APPLICABLE)

---

CASE CLOSING REFERRAL

ASSESSMENT OF FAMILY PROGRESS AND REASON FOR CLOSING

Continue =>

INVESTIGATION DISPOSTION CLOSING REFERRAL

REASON FOR CLOSING

Continue =>

DESCRIPTION

On Hold

Continue =>

SWAN REFERRAL

On Hold

CHILD/YOUTH RECEIVING SWAN SERVICE

PERMANENCY GOAL  PERMANENCY DATE  SERVICE C...

CURRENT AGENCY- SOCIAL WORKER & SUPERVISOR CONTACT INFORMATION

RESOURCE FAMILY INFORMATION

HAS RESOURCE FAMILY BEEN IDENTIFIED?

LAST NAME	FIRST NAME	DOB	SSN
		<input type="text" value=""/>	<input type="text" value=""/>
		<input type="text" value=""/>	<input type="text" value=""/>

PHONE	ADDRESS	CITY	STATE	ZIP CODE
<input type="text" value=""/>				

IS THIS A FOSTER OR KINSHIP FAMILY?	IF KINSHIP, RELATIONSHIP TO CHILD
<input type="radio"/> FOSTER <input type="radio"/> KINSHIP	<input type="text" value=""/>

IS CHILD CURRENTLY WITH THIS RESOURCE?	IF NO, RESOURCE AGENCY NAME
<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value=""/>

SERVICE REQUEST

<input type="button" value="Edit"/>	SERVICE REQUEST
	<input type="text" value=""/>
	<input type="text" value=""/>

AFFILIATE PREFERENCE

Pop Up Editor

MANAGE SERVICE REQUEST

MAINTAIN SERVICE REQUEST FOR Last, First M (suffix)

SERVICE REQUEST	
<input type="text" value=""/>	-
<input type="text" value=""/>	-

Select Service Request

Anticipated Date of Placement

INFORMATION REFERRAL SUPPORT SERVICES REFERRAL

On Hold

CHILDREN  
BEING  
REFERRED

Edit

LOCATION(S)  
OF SERVICE

Edit

REASONS FOR REFERRAL

Edit

REASONS FOR REFERRAL

DESCRIPTION OF SERVICE NEEDS: (Specify the Service Issues that RSR is expected to address within 60 days)

Continue =>

Pop Up Editor

MANAGE REASONS FOR IRIS REFERRAL

IRIS REFERRAL REASONS

	-
	-

Select IRIS Reasons



Other ..

+ ADD

SAVE AND CLOSE

NURSING REFERRAL	
CHILDREN BEING REFERRED	<input type="button" value="Edit"/>
<input type="button" value="On Hold"/>	

DESCRIPTION:

PSYCHOLOGY REFERRAL	
PARTIES BEING REFERRED	<input type="button" value="Edit"/>
<b>On Hold</b>	

DESCRIPTION:

Signatures of Approval	Status	BY	DATE

Section	Error Message

I have reviewed and confirmed all information in this referral.

If worker, then:  
 "Send For Supervisor Approval"  
 If Supervisor, then  
 "Send for Administrator Approval"  
 "Return for Clarification"  
 If Administrator, then:  
 "Approve"  
 "Return for Clarification"

Send for Approval

Disabled unless reviewed/confirmation is checked.

Approve

Return for Clarification

On Approval,  
 If nursing unit consultation is needed, then ...

**NURSING CONSULTATION**

A NURSING CONSULTATION/REFERRAL IS WARRANTED. PLEASE INDICATE IF THIS HAS BEEN DONE AND SPECIFY THE DATE. OTHERWISE, SPECIFY NO AND A CONSULTATION EMAIL REQUEST WILL BE SENT TO THE NURSING UNIT NOW.

HAS A REFERRAL BEEN MADE TO THE NURSING UNIT?

Yes   No

CANCEL

SAVE AND CLOSE