



**The Village Family Service Center  
FAMILY CENTERED ENGAGEMENT Referral Form**

|   |  |
|---|--|
| <b>Referred by:</b> _____   | <b>Phone:</b> _____  |
| <b>Date referred:</b> _____   | <b>Email:</b> _____  |
| <b>FRAME:</b> _____   | <b>County:</b> _____   |
| <b>MNI:</b> _____   | <b>Is the child Native American?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes<br><b>Tribe</b> _____<br><b>ICWA Coordinator</b> _____<br><b>IFP</b> _____ |
| <b>Current Legal Custodian:</b><br>____ Parent<br>____ Human Service Zone<br>____ Guardian<br>____ Other: _____ | <b>Current Custodial Information</b><br><b>Name:</b> _____<br><b>Phone:</b> _____<br><b>Email:</b> _____<br><b>Address:</b> _____  |

**TYPE OF REFERRAL:**

|  |  |
|--|--|
| <input type="checkbox"/> Emergency Removal                                       | <input type="checkbox"/> Dual Status Youth – Foster Care |
| <input type="checkbox"/> Reports of Suspected Maltreatment – CPS                 | <input type="checkbox"/> CHINS                           |
| <input type="checkbox"/> In-Home Case Management                                 |  |
| <input type="checkbox"/> Dual Status Youth – Juvenile Court & Human Service Zone |  |

Is the HSZ currently open?  Yes  No  
Most recent assigned HSZ worker: \_\_\_\_\_

| Parents                               |                 | Gender            | Marital Status | Relationship to target child |                        |     |
|---------------------------------------|-----------------|-------------------|----------------|------------------------------|------------------------|-----|
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |
| Children discussed during the meeting | Attend (Y or N) | Identified gender | DOB            | Other children in the family | Invite to FCE (Y or N) | DOB |
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |
|                                       |                 |                   |                |                              |                        |     |

**Domestic Violence:**  Yes  No

**No Contact Order:**  Yes  No

**Guardian ad Litem:**  Yes  No

**Safety issues that pertain to meeting:**

**Referral Concerns/Risk Factors (please check up to TWO primary risks per family):**

Child Abuse/Neglect

CHIPS

Substance Abuse (child)

Substance Abuse (adult)

Severe Mental Health Issues (child)

Severe Mental Health Issues (adult)

Law Violations/Incarcerations (adult)

Rule Violations (youth)

CHINS (youth)

Delinquency (youth)

Prior Placement History of Children

Physical/Developmental Disability (child)

Physical/Developmental Disability (adult)

Parent/Child Conflict/Family Discord

Joblessness/Financial/Housing

Domestic Violence

Human Trafficking

**Family Centered Engagement Release/ Exchange of Information Form**

The following information **will be** shared with all conference participants

**Goal/purpose of the conference:**

The following information will **not** be shared with all conference participants

Identify the key issues to be discussed at the meeting and background information about the family that pertains to involvement with the Human Services Zone and/or Juvenile Court:

|   |                        |
|---|------------------------|
| <b>Interpreter Needed:</b><br>___ Yes or No ___ | <b>Language:</b> _____ |
|---|------------------------|

**Meeting Date and Time:**

|  |  |
|--|--|
| <b>Days/times that work best for the family:</b> _____ | <b>Days/times that work best for the HSZ/JC:</b> _____ |
|--|--|

**Assigned Juvenile Court Officer:**

|                              | Name                   | Phone/Email Address |
|------------------------------|------------------------|---------------------|
| <input type="checkbox"/> Yes |                        |                     |
| <input type="checkbox"/> No  | Juvenile Court Officer |                     |

**\*\*If checked yes, please fill in box above**

**Assigned Human Service Zone Worker:**

|                              | Name | Phone/Email Address |
|------------------------------|------|---------------------|
| <input type="checkbox"/> Yes |      |                     |

**\*\*If checked yes, please fill in box above**

**Assigned CHINS Specialist:**

|                              | Name | Phone/Email Address |
|------------------------------|------|---------------------|
| <input type="checkbox"/> Yes |      |                     |

**\*\*If checked yes, please fill in box above**

**Parent or Guardian Consent:**

I consent that the persons listed above who have been invited to participate in the Family Centered Engagement Meeting, may hear information about me and my child(ren). In addition, I specifically authorize the Human Service Zone, Juvenile Court, other service providers, family members, and other conference participants to freely exchange information about me and my child(ren), between and among each other so that the meeting facilitator can be fully informed. This authorization is voluntary and may be revoked at any time upon written request. Any information released prior to your written revocation of this authorization will not be a breach of confidentiality. **I agree to allow The Village, Human Service Zone, and Juvenile Court (when applicable) to discuss and share information about me and my child(ren) relating to the outcomes of the Family Centered Engagement plan that will be submitted as an outcome summary of this Family Centered Engagement Conference that could be after case closure.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Verbal Consent (Please state by which guardian)**

\_\_\_\_\_  
**Date**

