



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

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

TYPE OF REFERRAL:

Emergency Removal Dual Status Youth – Foster Care

Reports of Suspected Maltreatment – CPS CHINS

In-Home Case Management

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:

Interpreter Needed:

___ Yes or No ___

Language: _____

Meeting Date and Time:

Days/times that work best for the family: _____

Days/times that work best for the HSZ/JC: _____

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

Persons to be invited to the conference (family, friends, and service providers):

Name	Address/Email	Phone Number	Relationship to child/parent

Please email completed referral form to:

FCE-Bismarck@thevillagefamily.org

(Burleigh/McLean/Mercer/Oliver/Sheridan/Emmons/Kidder/Logan/McIntosh/LaMoure/ Dickey/
Morton/Grant/Sioux/Wells/Foster/Eddy/Benson/Ramsey/Towner/Rolette/Slope/Adams/
Bowman/Billings/Stark/Dunn/Golden Valley/Hettinger)

FCE-Minot@thevillagefamily.org

(Ward/Divide/Burke/Renville/Williams/Bottineau/McHenry/Pierce/Mountrail/Mckenzie)

FCE-Fargo@thevillagefamily.org

(Cass/Richland/Sargent/Ransom/Stutsman/Barnes/Steel/Trail/Nelson/Griggs/Grand Forks/
Cavalier/Pembina/Walsh)