Referral Form Supervised Family Visitation-Family Resource Center

Referring Agent

Case Worker (or name of referring individual):	Telephone: Email:
County Office (or referring agency name):	Date:

Referral Source

Check one

- ☐ DFCS - OFI/Food Stamps/Medicaid
- ☐ DFCS –Intake (Screen Out)
- ☐ DFCS –Investigations
- ☐ DFCS –Family Support (FPS)
- ☐ DFCS –Family Preservation (FPS)
- ☐ DFCS – Foster Care
- ☐ DFCS –Foster Care ILP
- ☐ DFCS –Resource Development
- ☐ DFCS - Adoptions
- ☐ Faith-based Institution
- ☐ Health Department
- ☐ Hospital
- ☐ Juvenile Court/Family Court
- ☐ Law Enforcement
- ☐ Mental Health
- ☐ Other community agency
- ☐ Previous or current participant
- ☐ Probation
- ☐ School
- ☐ Self
- ☐ Other:

Referral Information

Reason for removal from the home:

Frequency of Visits: Duration visits to commence: Case Plan Provided with referral: Yes ☐ No ☐

Family Status

- ☐ No Known CPS/DFCS Involvement
- ☐ DFCS OFI Only
- ☐ Screen Out History Only
- ☐ Open CPS Family Support(FSS)
- ☐ CPS Investigations (INV)
- ☐ Open CPS Family Preservation (FPS)
- ☐ Closed/Closing CPS
- ☐ Closed Foster Care
- ☐ Child(ren) in Foster Care
- ☐ Child(ren) in Relative Custody/Guardianship
- ☐ Youth in Independent Living Program (ILP)
- ☐ Youth in Extended Supportive Services
- ☐ Pre- or Post-Adoptive Placement

Placement Family Information

Name of Primary Caregiver(s):		Telephone or Contact Instructions:
County of Residence:	City:	Shines ID#:

Visiting Parent(s) Information

Name of Visiting Parent(s):	Telephone or Contact Instructions:

Child Participating in Vists

Name	Age	Sex	Placement Contact	Placement Contact Number

referrals@pcahabersham.org
706-778-3100
122 N. Laurel Drive, Clarkesville, Ga 30523

Are there any issues or circumstances that the visitation center should be aware of with the respect to the children such as allergies, fears, special needs, etc?

Transportation Arrangements

☐ Case worker to transport ☐ Foster/Relative to transport ☐ Service provider to transport ☐ Other Arrangements (Describe):
If service provider is to transport, please indicate below where child(ren) will be picked up and returned: ☐ Placement Address: _____ ☐ School name, contact, telephone: _____

Visitation Goals

Case Plan's Individual Outcome Goals:
Case Plan's Family Outcome Goals:

Visitation Rules

Our culture encourages and supports relatives continuing to be a part in the child(ren)'s life by attending visits. Our policy allows legal and biologically related relatives to attend visits. Please inform us if there is anyone not allowed to visit as well as the frequency visitors are allowed to participate:	
During orientation the visiting parent(s) are informed of their expectations during visitation. Please notes that it is part of our policy to allow parents to use cell phones and cameras for pictures/videos of the children during visitation. Please indicate any special expectations of the visiting parent(s) such as cell phone and camera use here:	
Is there a Temporary Protective Order: Yes ☐ No ☐	Are they allowed to have contact at the visitation center with the foster parents? Yes ☐ No ☐

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