Credentialed Provider Referral Form

GENERAL DCF INFORMATION		
Referral Date:	Referring Office:	DCF Region:
Referring worker:	Phone:	Email:
DCF Supervisor:	Phone:	Email:
DCF Link #:	DCF Child Link#:	Fax:

CREDENTIALED SERVICE INFORMATION			
Requested Service Type:	☐ Assessment (C/Y)	☐ After School (clinical 8-12)	☐ Temporary Care
	☐ Assessment (DV)	☐ After School (8-12)	☐ Support Staff
	☐ After School (k-7)	☐ CHAP Case Management	☐ Therapeutic SS
	☐ After-School (Clinical k-7)	☐ Supervised Visitation	☐ Transportation
Hours of Service Requested:		Length of Time Service is Requested:	
Is Transportation needed as part of this service? (Y/N)			

FAMILY INFORMATION		
Family Case Name:	Mother's Name:	Father's Name:
Mother's Address	Father's Address:	
How many children are in the household?	Who is requiring this service? (child, children, parent, etc.)	DCF Case Status:
What is the DCF Case Plan Goal for this family?		
What are the Critical Family Needs?		
What are the Family Strengths?		
What are the Safety Concerns?		
What outcome (s) would DCF like to see from the utilization of this service?		

IS THE PARENT/CHILDREN RECEIVING OR NEED OF THE FOLLOWING SERVICES?

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IS THE PARENT/CHILDREN RECEIVING OR NEED OF THE FOLLOWING SERVICES?		
Check all that apply and indicate/estimate when the service began	Receiving	Need
Housing Assistance	☐	☐
Individual Therapy/Counseling	☐	☐
Trauma-focused CBT (TF-CBT)	☐	☐
Child FIRST	☐	☐
Multi-Systemic Therapy (MST)	☐	☐
Family Based Recovery	☐	☐
Triple P or other Parent Education Service	☐	☐
Home Visiting (e.g. Nurturing Families)	☐	☐
Vocational/Employment Assistance	☐	☐
Head Start	☐	☐
Mental Health Services	☐	☐
Substance Abuse Services	☐	☐
Domestic Violence Services	☐	☐
Supervised Visitation	☐	☐
Family Reconnection Services	☐	☐
Zero to Three Program-newer program used more frequently in the New Haven/Milford/Bridgeport area offices	☐	☐
Other:	☐	☐
Other:	☐	☐

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CHILD GENERAL DEMOGRAPHICS								
Name		Gender	Race	DOB	Placement Type	Address	DCF Status	School/Childcare Provider
1								
2								
3								
4								
5								

CHILD SPECIFIC DEMOGRAPHICS							
Name		Current Diagnosis (s)	Current Medications	Reg / Special Education?	Child Strengths	Child Safety Concerns
1						
2						
3						
4						
5						