



family compass

PARENT AIDE PROGRAM REFERRAL FORM

Please Return to jpantoja@family-compass.org or fax to 214-824-6901

DATE OF CURRENT CPS REFERRAL: _____ DATE RECEIVED AT FAMILY COMPASS: _____

FAMILY NAME: _____ CPS OFFICE: _____

CASEWORKER: _____ UNIT: _____ UNIT TYPE: AR: _____ INV: _____ FBSS: _____
PHONE: _____ EMAIL ADDRESS: _____

CURRENT REFERRAL PHAB: _____ EMAB: _____ SXAB: _____ NSUP: _____ DISPOSITION: _____
AND DISPOSITION: ABAN: _____ PHNG: _____ MDNG: _____ OTHER: _____

NUMBER OF TOTAL REFERRALS TO CPS: _____

CURRENT CASE STATUS: OPEN _____ CLOSED _____

HISTORY OF REFERRALS:

DATE	TYPE	RULING	DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOTHER: _____

FATHER: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CITY: _____ ZIP: _____

PHONE:CELL: _____

PHONE: CELL: _____

DOB: _____ RACE: _____

DOB: _____ RACE: _____

MARITAL STATUS: _____

MARITAL STATUS: _____

LANGUAGE: ENGLISH: _____ SPANISH: _____

LANGUAGE: ENGLISH: _____ SPANISH: _____

EMPLOYED/SCHOOL: _____ HOURS: _____

EMPLOYED/SCHOOL: _____ HOURS: _____

ALCOHOL/DRUGS: _____ TREATMENT? _____

ALCOHOL/DRUGS: _____ TREATMENT? _____

IF IN TREATMENT, WHERE? _____

IF IN TREATMENT, WHERE? _____

DOMESTIC VIOLENCE: VICTIM: _____ PERPETRATOR: _____

DOMESTIV VIOLENCE: VICTIM: _____ PERPETRATOR: _____

MEDICAL DIAGNOSIS: _____

MEDICAL DIAGNOSIS: _____

MENTAL HEALTH DIAGNOSIS: _____

MENTAL HEALTH DIAGNOSIS: _____

CRIMINAL HISTORY: _____

CRIMINAL HISTORY: _____

SIGNIFICANT OTHERS: _____

HOUSING: HOUSE: _____ APT: _____ TRAILER: _____ WATER: _____ ELECTRICITY/GAS: _____

OF CHILDREN: _____

	CHILD'S NAME	DOB	GENDER	RACE	HOME	RELATIVE PLACEMENT	HOSPITAL	OTHER
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____

DESCRIPTION OF CURRENT CPS REFERRAL:

DESCRIPTION OF FAMILY CONCERNS:

SERVICES IMPLEMENTED BY CPS AFTER CURRENT REFERRAL: YES NO PLEASE EXPLAIN:

SERVICE RECOMMENDATIONS:

PLEASE ATTACH A COPY OF AS MANY OF THESE REPORTS AS POSSIBLE OR APPLICABLE:

- _____ INTAKE REPORT
- _____ INVESTIGATION REPORT
- _____ RISK ASSESSMENT
- _____ SAFETY PLAN
- _____ PSYCHOLOGICAL ASSESSMENT
- _____ POLICE REPORT