

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 AND DISPOSITION: PHAB: _____ EMAB: _____ SXAB: _____ NSUP: _____ 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: _____

MILITARY STATUS: _____ MILITARY STATUS:_____

ALCOHOL/DRUGS: _____ TREATMENT? _____ ALCOHOL/DRUGS: _____ TREATMENT? _____

IF IN TREATMENT, WHERE? _____ IF IN TREATMENT, WHERE? _____

DOMESTIV 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: _____

Family Compass
4210 Junius Street Dallas, Texas 75246
214-370-9810 ♦ Fax 214-824-6901
www.family-compass.org

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

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