Child Focused Recruitment

**Referral Form**

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| **SECTION 1: CHILD INFORMATION*****\*Only referrals with a Primary or Concurrent Plan of Adoption, Guardianship or APPLA will be accepted*** |
| Date Referred:       | Child Name:       |
| DOB:        | Race:        |
| Gender:       | SIS ID#       | Previously Adopted: Yes [ ]  No [ ]  |
| [ ]  Legal Risk  | [ ]  Legally Free  | [ ]  Other        | Date of TPR       |
| Current Placement Information: [ ]  Relative [ ]  Group Home [ ]  Foster Care [ ]  Other “Other” explain:       |
| Date entered care:        | Reason:        | # of Placements:       |
| Primary Plan:       | Concurrent Plan:       |
| Adoption Profile requested:       | Adoption Profile received:       |
| Monthly/Daily rate at current placement: $      | Is child “IV-E” Yes [ ]  No [ ]  |
| **SECTION 2: CONTACT INFORMATION** |
| DSS Social Worker:       | County:       |
| Address:       |
| Email:        | Phone:       | Fax:       |
| Supervisor:       | Phone:       |  |
| **SECTION 3: SIBLING INFORMATION** |
| Name of siblings (first and last)  | Referred to CHS (yes or no)  | Living with Child (yes or no) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  |
| **Comments:**       |

Thank you for the referral! Please email this form to CFR@chsnc.org

*Revised 12/2019*