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) | | |
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| **Comments:** | | | | | | | | | | | | | | |

Thank you for the referral! Please email this form to [CFR@chsnc.org](mailto:CFR@chsnc.org)

*Revised 12/2019*