 **REFERRAL FOR FAMILYWISE SUPERVISED PARENTING**

 **Child Welfare Agency**

Date of Referral:

Referring County: Referring Person:

 Name:

 Phone: Fax:

 E-mail:

Visiting Parent Name: Date of Birth: Gender: Race:

Address: Phone Number:

Visiting Parent Name: Date of Birth

Address: Phone:

**Preferred Language:**

**Reason for Referral:**

[ ]  Children in out of home placement/ Open CPS Case

**Type of Service Requested:**

[ ]  Therapeutic Supervised Parenting ($75.00 per hour)

[ ]  High Level 1:1 parent coaching during parenting time- 120.00 per 1.5 hours or 15.00 per unit

[ ]  Medium/Group shared parenting time 1 visit monitor to 2 families 113.60 per 1.5 hours or 14.20 per unit Effective 3/27/20 this service is not currently available

[ ]  Low/Transitional level visits 15-minute check-in with visit monitor 107.20 per 1.5 hours or 13.40 per unit Effective 3/27/20 this service is not currently available

[ ]  Safe Exchange $25.00 for each exchange- These are Car-to-Car exchanges and only located at the University Ave Location

[ ]  Virtual Visits using Zoom Health $45 dollars per session

[ ]  Training for identified friends and family- $375.00 one- time fee and on-going support for $150.00 per month

**Expected Length of Services:** \_\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

[ ] Yes [ ] No

* **“Resides with” means- Name and relationship to the child**

**Child 1 Name:** Date of Birth: Gender: Race:

Resides with: Address:

Phone Number:

Transportation Provider: Phone number:

Allergies:

**Child 2 Name:** Date of Birth: Gender: Race:

Resides with: Address:

Phone Number:

Transportation Provider: Phone number:

Allergies:

**Child 3 Name:** Date of Birth: Gender: Race:

Resides with: Address:

Phone Number:

Transportation Provider: Phone number:

Allergies:

**Child 4 Name:** Date of Birth: Gender: Race:

Resides with: Address:

Phone Number:

Transportation Provider: Phone number:

Allergies:

**List specific concerns you have regarding this family’s visit time. What should the visit monitor pay specific attention to or redirect.**

1.

2.

3.

**Are there safety concerns if so, what are they?**

[ ] Yes [ ] No

1.

2.

3.

Has this family been discharged from another provider?

[ ] Yes [ ] No

If so, what were the challenges or concerns:

**Expectations- health & hygiene protocols must be followed at all times.**

1. No cell phones or electronics are to be used during the visit. If phones are brought to the visit they must be left in a designated location, not to be accessed during the visit. Pictures and Videos may not be taken at any time.

2. inappropriate discipline for the age of the child will result in redirection and suspension pending a meeting

3. Parent/child boundaries will be maintained. Conversations that do not hold boundaries will be redirected.

**Guardian Ad Litem:** [ ] Yes [ ] No

**Contact information:** Name: Phone: Fax:

**Billing Information: Who are invoices sent to?**

**Name:**

**Address:**

**Phone Number:**

**Service Authorization Number:**

**SSIS #**