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| **SECTION I: Identifying Information – Completed by Intake Specialist****Date Family Contacted:** Click or tap to enter a date. |
| **Family Name:** Click or tap here to enter text. | **Preferred Language:**Click or tap here to enter text.  |
| **Address of Family:** Click or tap here to enter text.**City, State, Zip:** Click or tap here to enter text.**County where family resides:** Click or tap here to enter text. | **Phone number:** Click or tap here to enter text.**Best way to contact family (phone, text, person, other):** Click or tap here to enter text. |
| **Non-custodial Parent(s) Name:** Click or tap here to enter text.**Address:** Click or tap here to enter text.**City, State, Zip:**Click or tap here to enter text. | **Phone number:** Click or tap here to enter text.**Best way to contact (phone, text, person, other):** Click or tap here to enter text. |
| **Community Agency:** Click or tap here to enter text.**Community Contact Name:** Click or tap here to enter text.**Community Contact Number:** Click or tap here to enter text.**Date of Referral:** Click or tap to enter a date. | **Has the family had previous involvement with DCF?** [ ] **Yes** [ ] **No If yes, choose from the following:**Choose an item.**Is the family court-involved?**[ ] **Yes**  [ ] **No** **If yes, enter name of court:** Click or tap here to enter text.**Reason for court-involvement:** Click or tap here to enter text. |
|  **Family members:** **Name DOB SSN**

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| **Reason for referral:**      Click or tap here to enter text. |
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| **Recommended Tier:** [ ] **Tier 1** [ ] **Tier 2****Services Needed:** [ ] **Housing Stability**[ ] **Financial Stability**[ ] **Connection to Community Mental Health**[ ] **Assistance with signing up for DCF or other community assistance programs**[ ] **Parenting skills**[ ] **Child Behavior**[ ] **Medically needy child/family member** |
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| Assigned Case Team: Click or tap here to enter text. |
| Assigned Tier: Click or tap here to enter text. |