DCFS TRANSFER STAFFING FORM

(Complete on all cases being staffed for transfer to another program)

CASE NAME: _____ **STAFFING DATE:** _____

TYPE OF REFERRAL ☐ **Pre-Removal** ☐ **Post Removal**	☐ **CPS to FS**	☐ **FS to FC**	☐ **FC to AD**	☐ **FINS to FS**
	☐ **CPS to FC**	☐ **FC to FS**	☐ **AD to FC**	☐ **FINS to FC**

SDM Level (at the time of staffing)	☐ Low	☐ Moderate	☐ High	☐ Very High

CHILDREN

#	Name and TIPS No.	Race/ Sex	DOB	Current Address	Type of Home or Family Setting	Name of School or Child Care Center

PARENTS AND/OR CARETAKERS (Identify deceased parents)

Name and TIPS#	Child No.	Relationship	DOB	Home Address & Phone No.

KEY RELATIVES/FICTIVE KIN

Name	Child No.	Relationship	DOB	Home Address & Phone No.

Extent and Circumstances of Maltreatment/Threats of Danger

What is the reason for the family's current involvement with DCFS? (*Include case disposition*)

Discuss the family's prior agency history and any prior services they have received from DCFS. (*This section should include Valid, Invalid, Inconclusive, Client non-cooperation, Unable to Locate, TPR, FS, FC, AD, etc.)* *****Supervisors shall review case record (s) prior to releasing case information to an outside agency/entity.***

Are there any threats of danger identified for this family? ☐ Yes ☐ No If yes, explain:

Was there a safety plan developed for this family? ☐ Yes ☐ No If yes, describe and discuss role of the safety monitor and frequency of contact needed:

Have the circumstances in this family changed since the safety plan was developed? ☐ Yes ☐ No If yes, explain:

Adult Functioning/Caretaker Protective Capacities

Describe each caretaker's functioning and any concerns regarding their ability to keep a child safe.

CARETAKER PROTECTIVE CAPACITIES: Strengths in the way a caretaker thinks, feels, and/or acts that prevents or controls threats of danger. **(Answer "Yes" only if <u>all</u> caretakers possess the protective capacity. Answer "No" if one or more caretakers do not possess the protective capacity. Then give a description of the caretaker protective capacity functioning for each caretaker.)**
History of protecting from harm and unsafe conditions. ☐ Yes ☐ No *Describe:*
Recognizes threats and has ability to implement plan to protect child(ren). ☐ Yes ☐ No *Describe:*
Demonstrates impulse control in order to protect and provide for child's overall care. ☐ Yes ☐ No *Describe:*
Understands, has the skills needed, and takes action to meet parenting responsibilities. ☐ Yes ☐ No *Describe:*
Sets aside own needs where the safety and well-being of child (ren) are the caretaker's priority. ☐ Yes ☐ No *Describe:*
Demonstrates love, empathy, and tolerance of child (ren), and is positively attached. ☐ Yes ☐ No *Describe:*
Understands child development and has realistic expectations of child's capabilities, needs, and limitations. ☐ Yes ☐ No *Describe:*
Is able to meet their **<u>own</u>** needs, including basic daily and emotional needs. ☐ Yes ☐ No *Describe:*
Has ability to handle every day, unexpected stressors/crises and has an accurate perception of reality. ☐ Yes ☐ No *Describe:*
Demonstrates ability to obtain concrete supports needed such as food, clothing, housing, social services, transportation. ☐ Yes ☐ No *Describe:*
Caretaker can and will access family and/or friends who are ready, willing and able to help the family. ☐ Yes ☐ No *Describe:*

What service needs have been identified in enhancing protective capacities, or are recommended/court ordered?

Have any family members received services from any provider other than DCFS? ☐ Yes ☐ No If yes, explain:

For children in foster care, what are the specific conditions of return in order to return the child to the physical care of the parent/caretaker?

Child Functioning/Vulnerabilities

Describe the child and any vulnerabilities to threat of danger:

Discuss the family's connections/supports:

Additional Comments/Pertinent Information:

DCFS COURT INFORMATION (*if applicable*)

Judge: _____ Parish: _____ Docket # _____

Date & Time of Instanter Order or Court Ordered Safety Plan (select one): _____

OR

Date & Time of Continued Custody Hearing or Court Ordered Safety Plan Hearing (select one): _____

Adjudication Date: _____ Adjudication Type: _____

Voluntary Agreement with Parents or Guardian Giving Custody to the Agency (CW Form 65) Date Signed: _____

Juvenile Delinquency Information (*if applicable*)

Is the child currently involved with Juvenile Services/Delinquency Court? ☐ Yes ☐ No
If yes, what is the Probation Officer's Name and Number?

Date and Time of Delinquency Hearing: _____ (Date) _____ (Time)

What is the family's primary language? ☐ English ☐ Spanish ☐ Vietnamese ☐ American Sign Language
☐ Other: _____

Will an interpreter be required for this family? ☐ Yes ☐ No
If yes, contact Language Line Services: 877-261-6608 Access Code: 505045
Employee Code: Your Employee Identification Number (EIN)

Does the child have Native American heritage? ☐ Yes ☐ No If yes, tribe name: _____
Has tribe been contacted: ☐ Yes ☐ No
Is it federally recognized: ☐ Yes ☐ No

SPECIFIC INFORMATION FOR EACH CHILD ENTERING FOSTER CARE

Child's Name: _____ TIPS: _____ SS# _____

Placement Name: _____ Current Placement Type: _____

Adoptive Resource: ☐ Yes ☐ No

Address: Certified Home: ☐ Yes ☐ No **If no,** Date Referred to HD _____

Phone: _____

Did the child come into care with clothing? ☐ Yes ☐ No If no, is clothing accessible to FS worker? ☐ Yes ☐ No

Last school/child care attended: Special Ed? ☐ Yes ☐ No ☐ Unknown **If yes, explain:**

Grade: Involved in school activities? ☐ Yes ☐ No

If yes, specify: IEP? ☐ Yes ☐ No School One Form? ☐ Yes ☐ No

School Expulsions/suspensions? ☐ Yes ☐ No Describe:

Has child had a recent physical exam? ☐ Yes ☐ No **If yes, date and physician:** _____

Significant Findings:

Current Medication/Dosage and any medical equipment/assistive device and use frequency:

Child's Physician: Allergies:

Medical/Dental History (include diagnosed conditions):

Motor impairments? ☐ Yes ☐ No Visual/Hearing Impairments? ☐ Yes ☐ No

Explain: **Explain:**

Behavioral/Social Mental Health History (Any history of substance abuse including type and frequency; any mental health evaluation including the discipline of the mental health professional, evaluation date and DSM V diagnosis; any developmental or other special needs; and, any issues regarding child's sexual orientation and gender identity expression).

Treatment Recommendations:

Issues for Placement Consideration (include favorites and sibling info):

Is child a parent? ☐ Yes ☐ No **If yes, is child also entering FC?** ☐ Yes ☐ No; **Where placed?**

Current Behavioral Problems: (select each behavior listed below that applies to the child)

☐ Fighting ☐ Enuresis ☐ Running Away ☐ Sexual Acting Out ☐ Peer Interactions ☐ Eating Disorder

☐ Fire Setting ☐ Encopresis ☐ Profanity ☐ Destruction of Property ☐ Other, specify

Any restrictions on visitation and telephone contacts? ☐ Yes ☐ No **If yes, explain:**

Preliminary Assessment of Relative or Other Placement Options:

If child previously adopted, date adoption legalized: Additional Information: Adoption Type?

Age at Previous Adoption:

Continued contact agreements? ☐ Yes ☐ No **Details:**

Continued birth family connections:

Principal Caretaker Family Structure (at removal): ☐ UC Unmarried Couple ☐ MC Married couple ☐ SP Single Parent ☐ UN Unknown

Principal Caretaker(s) Birth Year

1st Caretaker: 2nd Caretaker

Primary/Other Reasons for Custody		☐ **Child Related**	☐ **Parent/Caregiver Related**	
☐ Physical Abuse	☐ Abandonment	☐ Disability	☐ Alcohol Abuse	☐ Incarceration
☐ Sexual Abuse	☐ Child Surrendered by Parent	☐ Behavior Problem	☐ Drug Abuse	☐ Death
☐ Neglect	☐ Voluntary Placement/Adoption	☐ Alcohol Abuse	☐ HIV/AIDS	☐ Inadequate Housing
☐ Maltreatment	☐ Voluntary Placement/Crisis	☐ Drug Abuse	☐ Illness/Disability	☐ Refused Responsibility

THIS PAGE MAY BE COPIED AND PASTED FOR EACH CHILD.

Complete this page for Adoption Referrals.

NOTE: Referring worker must have TPR judgment (sealed/certified) resulting from a Termination of Parental Rights and/or Surrender for ALL identified PARENTS.

Parent Name	Child TIPS #	TPR Date	Surrender Date	Deceased Parents		
				Date	Certified Death Certificate	
					Yes	NO
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Judge/Parish/ Section of Court:	**Docket#:**
Date of Next Court Hearing (Date & Time):	**Next Administrative Review (Date & time):**
Date of Next Court Letter Due (90 day):	
Genetic/Family History Form 448 & 448-A: ☐ Yes ☐ No ☐ N/A	

Special Board Rate ☐ Yes ☐ No	**Current Service Authorization** ☐ Yes ☐ No
Title IV-E Eligible? ☐ Yes ☐ No	**Is the caretaker certified?** ☐ Yes ☐ No

Have Pre-Registration LARE Screens (151, 152A, 152b, 154, 157, 157A and 158) been completed ☐ Yes ☐ No

Life Book: ☐ Yes ☐ No	**Date Last Reviewed/Updated**	**Child's current photo in record** ☐ Yes ☐ No

Adoption Staffing Discussion:

1. Is the current caretaker identified as a possible adoptive resource? ☐ Yes ☐ No If no, what are the recruitment efforts?

2. Are there any identified, recommended and/or court ordered services?

Additional Notes:

CASE ACCEPTANCE/ASSIGNMENT

(Receiving Program Supervisor completes this page)

Date Case Accepted or Denied (circle one):
Explain why this case was not accepted:

Program case accepted and transferred to: ☐ FS ☐ FC ☐ AD

Assigned Worker's Name: _____

Decisions Made in Staffing and Persons Responsible for Action/Task:

ACTION/TASK	RESPONSIBLE PERSON	DUE DATE

Staff Present:

Name	Signature	Title/Role

ATTACHMENT (S)

☐ Safety Plan ☐ Safety Assessment ☐ SDM Risk Assessment ☐ TIPS History (101, 102, 105 Screen)
☐ Instanter/Affidavit ☐ Psychological (s) ☐ Court ordered Safety Plan ☐ Social Security Card
☐ Original Birth Certificate ☐ DCFS Benefits Printout (childcare, SNAP, FITAP)
☐ Death Certificate ☐ Other: (medical/school/criminal records, drug screens) ☐ CPS Investigative Summary