



Intensive Family Preservation Referring Agency Referral Form

Referring Agency: Social Services Mental Health Juvenile Justice

Referring Worker: _____ Phone: _____

Email Address: _____ Alternate Phone: _____

Supervisor Name: _____ Phone: _____

**Supervisor Signature: _____ Date: _____

DSS Referrals: check the appropriate box:

Substantiation of abuse, neglect or dependency **AND** a rating of *high* or *intensive* on the Risk Assessment
DSS Risk Rating: Intensive High Moderate Low Date of Substantiation: _____
Maltreatment types are only applicable in cases with a substantiation. There are no maltreatment types for Services Needed finding. 1. _____ 2. _____ 3. _____

Finding of Services Needed **AND** a rating of *high* or *intensive* on the Risk Assessment (family assessment cases)
DSS Risk Rating: Intensive High Moderate Low Date of Services Needed: _____

The following forms must be attached with the referral (check boxes to verify they are attached):

Family Risk Assessment or Reassessment (5230 or 5226) NC Safety Assessment (5231)

Family Strengths and Needs (5229) Case Decision Summary/Initial Case Plan (5228)

Client Information: Family Name: _____ Phone: _____

Address: _____

Email Address: _____

Parent/Caretaker(s): attach additional sheets if there are more caregivers/children

1. Name: _____ Relationship to child: _____ DOB: _____

2. Name: _____ Relationship to child: _____ DOB: _____

Child(ren):

1. Name: _____ DOB: _____ SSN (SIS if DSS): _____

2. Name: _____ DOB: _____ SSN (SIS if DSS): _____

3. Name: _____ DOB: _____ SSN (SIS if DSS): _____

4. Name: _____ DOB: _____ SSN (SIS if DSS): _____

5. Name: _____ DOB: _____ SSN (SIS if DSS): _____

Mental Health Referrals: requirements for referrals (check):

Documentation that the child’s treatment team determined that without IFPS the child will be placed into a residential or inpatient

Attach the following information:

Treatment team decision summary/Order to refer to IFPS Agency’s mental health assessment

Juvenile Justice Referrals: check the appropriate boxes and attach appropriate forms:

Adjudication of delinquent or undisciplined **AND** violation of probation/protective supervision, or new charges

Juvenile placed on Level 2 disposition by the court

Email this referral, along with all required forms listed above to:
Ahmad Johnson, BA, M.Ed, Director of IFPS and Supervised Visitation
336.748.9028 ext. 132 Office / 336.748.9030 Fax
336.456.4750 Cell Phone
ahmad.johnson@parentingpath.org

*** This form must be signed by the referring Social Worker’s Supervisor. The Supervisor’s signature verifies that information is correct and the family meets the criteria for provision of IFPS services as outlined in the State’s IFPS Policies & Procedures.*