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**TREATMENT FOSTER CARE / SHORT-TERM FOSTER CARE ONLINE REFERRAL FORM**

**Please** [**email**](mailto:umfsreferral@umfs.org?subject=TFC%20Referral) **any additional information (such as psychological, social history, etc.) or fax to 804.239.1060**

**If you do not get a response from us within one hour during regular business hours (8:30 a.m. to 4:30 p.m.), please call John Jenks, admissions coordinator, 804.310.7572**

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| **Today’s date** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Desired placement date** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Est. length of placement** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referred to UMFS before?** | | | | | | | | **Yes** | | |  | | | | | | | | | | **No** | | |  | | | | | | | | | | | | | | | | |
| **If yes, when?** | | | **Date** | | | |  | | | | | | | | | | | | | | **Service** | | |  | | | | | | | | | | | | | | | | |
| **Past or Current Services provided by UMFS or another Agency?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | | **No** | | |  | | |
| **If Yes, when?** | | | **Date** | | | |  | | | | | | | | **Service Provided** | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Is the child currently in imminent danger or at risk of harming self or others?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | | **No** |  |
| **If yes, please provide details of this behavior:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Are there any current safety concerns?** | | | | | | | | | | | | | | | | | | | |  | | | | | **Yes** | | | | | |  | | | | | | **No** | | |  |
| **If Yes, please describe current safety concerns:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **How did you hear about us?** | | | | | | CSA Directory  Current/Former Customer  Email Newsletter  FAPT Team  Newspaper/Magazine | | | | | | | | | | | | | | | | | Article  Program Brochure  Guardian Newsletter  Mobile Ads  Radio | | | | | | | | | | | | | | | | | Sales Presentation  Training  TV-Commercial  UMFS Website  Vendor fair/trade show |
| **Reason for Referral:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location preference:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Richmond 🞏 | | | | NOVA 🞏 | | | | | | | | | Fredericksburg 🞏 | | | | | | | | | | | | | | Tidewater 🞏 | | | | | | | | | | | | |  |
| South Central 🞏 | | | | Lynchburg 🞏 | | | | | | | | | Farmville 🞏 | | | | | | | | | | | | | | No Preference 🞏 | | | | | | | | | | | | |  |
| Preferred race of family: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Restrictions on other children in the home? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Does single parent or 2-parent home make a difference? If so, give preference: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Can child be placed with pets? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOB/Age** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | | | | | | | | | | | | | Male Female | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Race/Ethnicity** | | | | | | | | | | | | | | Am. Indian, Alask. Nat.  Asian (Non-Pacific Isl.)  Black, African American  Hispanic, Latino | | | | | | | | | | | | | | | | | | Pacific Islander  White (Non-Hisp/Latino)  Multi-Ethnic/Racial  Other | | | | | | | | |
| **Height/Weight** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact at Current Address** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Address** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Status (include financial assistance & insurance coverage)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social Insurance # (if available)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Legal Status-legal standing or custody** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Freed for Adoption (TPR date)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Permanency Plan** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Developmental Level** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Language** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cultural Background and Tradition** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cultural Issues Requiring Special Service Provision** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sexual Orientation** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender Identity and Expression** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Immigration/Refugee History and Status** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the Indian Child Welfare Act Apply?**  **If so, Tribal Affiliation** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VEMAT SCORE** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grade** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is Child in Special Ed?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Specific Classroom Needs** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vocational/Independent Living Needs** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Custodian/Referral Source** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Custodian/Agency/DSS** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent Name/Worker Name** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Worker/Parent Phone-ext** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fax** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor Name/Phone #** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contacts/Phone (if any)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEHAVIORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Behaviors** | | | | | **At Home, School, etc.** | | | | | | | | | | | | | | **Frequency** | | | | | | | | | | | **Description of Behavior** | | | | | | | | | | |
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| **Interventions in the past that have been effective in addressing these behaviors** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Is child on probation? If Yes, list PO name, contact info and charges.** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Other significant behaviors in child's past not noted above** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Is there a current risk for these behaviors? Why or why not?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Is there a history of runaway behavior? If yes, explain** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **DSM-IV DIAGNOSIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Axis |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **V** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IQ** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT MEDICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication** | | | | | **Dosage** | | | | | | | | | | | | | | **Prescribing Physician** | | | | | | | | | | | | | | | **Frequency** | | | | | | |
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| **Is youth compliant with medications?** | | | | | | | | | | | **Yes** | | | | |  | | | | | | **If no, please explain:** | | | | | | | | | | | | | | | | | | |
| **No** | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Psychiatrist name and phone** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL/PHYSICAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allergies** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall Health** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall Development** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **List any emergency health needs, known medical conditions, illnesses, medical care or physical limitations** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **History of substance abuse?** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Is medical/dental follow-up required?** | | | | | | | | | **Yes** | | |  | | | | | | **If yes, please explain:** | | | | | | | | | | | | | | | | | | | | | | |
| **No** | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Does child wear braces?** | | | | | | | | | **Yes** | | |  | | | | | | **If yes, please explain:** | | | | | | | | | | | | | | | | | | | | | | |
| **No** | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Nutritional and Dietary Needs** | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **PLACEMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Placement/Service** | | | | | | | | | | | | **Dates** | | | | | | | | | | | | | | | | **Reason for Move/Termination** | | | | | | | | | | | | |
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| **STRENGTHS/Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What are the client’s strengths, interest, skills and talents?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other comments/needs** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY Relationships** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason removed from birth parents** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parental Involvement?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s Name** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Father’s Name** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there siblings? Do they need to be placed together?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visitation? With whom? Frequency?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does visitation need to be supervised?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Transportation Requirements (role of DSS, foster parent and UMFS)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location of Visitation** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **History of Trauma, Family Violence, Abuse, Neglect or Exploitation in the Family or Child’s Past (including human trafficking)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Essential Family Members** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Support System (formal & informal supports) - Strengths & Resources** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there a social history available? If yes, please send a copy.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Needs or Considerations for Family and their participation in Treatment: (one face to face therapy session with family per month is required if family is the D/C plan)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any Other Relevant Information Necessary to Provide Services** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Form completed by** | **Name** |  |
| **Date** |  |
| **For more information on UMFS’ programs and services, please visit our** [**website**](http://www.umfs.org) | | |

**For UMFS use Only**

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| **Form Screened by** | **Name** |  |
| **Date** |  |
| **Screened Recommendations** | |  |