

State of Illinois  
Department of Children and Family Services

**REFERRAL PACKET DOCUMENTATION CHECKLIST**

The following checklist is a tool to be used by all stakeholders throughout the various stages in the referral process, each time the youth is referred to a new placement/setting. Ultimately, it is the responsibility of the DCFS/POS caseworker to ensure the documents are provided. The expectation is that every item in this document will be addressed as either “Attached” or “Not Applicable,” in accordance with the timeframes listed below.

**NOTE: SUPERVISORS HAVE THE ABILITY TO ASSIGN PARALLEL ACCESS TO SACWIS TO THE MATCHED PROVIDERS IN ORDER FOR THEM TO ASSESS THE REFERRAL. IF PARALLEL ACCESS IS GIVEN, ANY DOCUMENTS THAT ARE IN SACWIS DO NOT NEED TO BE INCLUDED IN THE REFERRAL PACKET.**

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

<b>I. Centralized Matching Team Referral Documents:</b>		
These documents are sent by the Centralized Matching Team to matched providers as the initial electronic referral packet.		
Date:		
	<b>Attached</b>	<b>N/A</b>
<b>CIPP, Clinical, or Residential Transition &amp; Discharge Protocol</b>	<input type="checkbox"/>	<input type="checkbox"/>
1. Initial Referral Packet Documentation Checklist (CIPP, Clinical, and Residential Transition & Discharge Protocol)	<input type="checkbox"/>	<input type="checkbox"/>
2. CFS 1452-1 CIPP Referral (CIPP)	<input type="checkbox"/>	<input type="checkbox"/>
3. CFS 1452-2 CIPP Action Plan (CIPP)	<input type="checkbox"/>	<input type="checkbox"/>
4. Placement History (CIPP)	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical Summary (Clinical, and Residential Transition & Discharge Protocol)	<input type="checkbox"/>	<input type="checkbox"/>
6. CANS (Residential Transition & Discharge Protocol)	<input type="checkbox"/>	<input type="checkbox"/>
7. CSR/Action Plan (Residential Transition & Discharge Protocol)	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Missing Documentation and Timeframe for sending document(s) once obtained:</i>		

**II Initial DCFS/POS Caseworker Referral Packet Documents:**

These documents are sent by the assigned DCFS/POS caseworker to the matched providers. These documents are to be provided immediately in order for the provider to make a disposition.

Date:			
		Attached	N/A
9.	Updated Referral Packet Documentation Checklist	<input type="checkbox"/>	<input type="checkbox"/>
10.	Integrated Assessment/Social History and most recent update	<input type="checkbox"/>	<input type="checkbox"/>
11.	Hispanic Client Language Determination Form CFS 1000-1	<input type="checkbox"/>	<input type="checkbox"/>
12.	Current Client Service Plan	<input type="checkbox"/>	<input type="checkbox"/>
13.	CFS 119 Unusual Incident Reports (past 90 days)	<input type="checkbox"/>	<input type="checkbox"/>
14.	Court Reports (past year minimum)	<input type="checkbox"/>	<input type="checkbox"/>
15.	Permanency Reports (past year minimum)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Most Recent Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>
17.	Psychological Evaluation Report (most recent)	<input type="checkbox"/>	<input type="checkbox"/>
	• If IQ under 70, Measure of Adaptive Functioning (i.e., Vineland) must also be attached	<input type="checkbox"/>	<input type="checkbox"/>
18.	Progress reports (past year minimum)	<input type="checkbox"/>	<input type="checkbox"/>
19.	Psychiatric/Mental Health Reports		
	a. Mental health records including Mental Health Assessments or	<input type="checkbox"/>	<input type="checkbox"/>
	b. Psychiatric evaluations	<input type="checkbox"/>	<input type="checkbox"/>
	c. Inpatient psychiatric hospital records	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
20.	Any other specialized assessments/plans		
	a. Most recent Psychosexual assessments and current level of risk	<input type="checkbox"/>	<input type="checkbox"/>
	b. Substance abuse assessments and/or discharge summaries	<input type="checkbox"/>	<input type="checkbox"/>
	c. Neurological Report	<input type="checkbox"/>	<input type="checkbox"/>
	d. Wards Supervision Plan CFS 685	<input type="checkbox"/>	<input type="checkbox"/>
	e. 0-3 Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
	f. Runaway Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	g. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
21.	Probation Social Investigation and other Delinquency Court Evaluations	<input type="checkbox"/>	<input type="checkbox"/>
22.	Academic/Educational Records		
	a. Educational Behavior Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
	b. 504 Plan	<input type="checkbox"/>	<input type="checkbox"/>
	c. Current Individualized Education Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Current IEP Triennial Evaluation Reports	<input type="checkbox"/>	<input type="checkbox"/>
	e. Education Transition Plan for special education youth 14.5 years & older	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

	Attached	N/A
23. Ansell Casey (most recent)		
a. Youth	<input type="checkbox"/>	<input type="checkbox"/>
b. Caregiver	<input type="checkbox"/>	<input type="checkbox"/>
24. Medical documentation if specific special medical need	<input type="checkbox"/>	<input type="checkbox"/>
25. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

*Missing Documentation and Timeframe for sending document(s) once obtained:*

<b>III. Additional DCFS/POS Caseworker Referral Packet Documents: <i>prior to</i> admission:</b>		
These documents are sent by the assigned DCFS/POS caseworker. These documents are needed once a confirmed admission has been determined.		
Date:		
	Attached	N/A
26. Updated Referral Packet Documentation Checklist	<input type="checkbox"/>	<input type="checkbox"/>
27. Academic/Educational Records		
a. High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>
b. GED	<input type="checkbox"/>	<input type="checkbox"/>
c. Current Educational/School Transcript	<input type="checkbox"/>	<input type="checkbox"/>
d. Current Report Card	<input type="checkbox"/>	<input type="checkbox"/>
e. ISBE Student Transfer Form	<input type="checkbox"/>	<input type="checkbox"/>
f. Current CFS 407 Education Report Form	<input type="checkbox"/>	<input type="checkbox"/>
g. Current CFS 407HS Annual High School Plan	<input type="checkbox"/>	<input type="checkbox"/>
h. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
28. Relapse Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>
29. Copy of Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
30. Copy of Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
31. Medical Card	<input type="checkbox"/>	<input type="checkbox"/>

	Attached	N/A
32. Health/Medical Records		
a. HealthWorks Health Passport	<input type="checkbox"/>	<input type="checkbox"/>
b. Current Physical Exam within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
c. Current TB Test	<input type="checkbox"/>	<input type="checkbox"/>
d. Current Flu Shot	<input type="checkbox"/>	<input type="checkbox"/>
e. Immunization Record	<input type="checkbox"/>	<input type="checkbox"/>
f. Dental Exam within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
g. Vision Screening	<input type="checkbox"/>	<input type="checkbox"/>
Exam (if failed)	<input type="checkbox"/>	<input type="checkbox"/>
h. Hearing Screening	<input type="checkbox"/>	<input type="checkbox"/>
Exam (if failed)	<input type="checkbox"/>	<input type="checkbox"/>
i. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
33. Current Consents		
a. CFS 431-B Consent for Psychotropic Medications (for ALL prescribed psychotropic meds)	<input type="checkbox"/>	<input type="checkbox"/>
b. CFS 415 Consent for Ordinary and Routine Medical and Dental Services	<input type="checkbox"/>	<input type="checkbox"/>
c. Consent for Behavior Treatment Techniques	<input type="checkbox"/>	<input type="checkbox"/>
d. CFS 431 Consent of Guardian to Medical/Surgical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Consents as needed	<input type="checkbox"/>	<input type="checkbox"/>
f. CFS 600-3 Signed Consent for Release of Information	<input type="checkbox"/>	<input type="checkbox"/>
g. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
34. Dependency/Permanency Court Records		
a. Disposition or Temporary Custody Order	<input type="checkbox"/>	<input type="checkbox"/>
b. Most recent Permanency Order	<input type="checkbox"/>	<input type="checkbox"/>
c. Updated Permanency Report	<input type="checkbox"/>	<input type="checkbox"/>
d. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
35. Juvenile Delinquency Court Orders/Records		
a. Police Reports and Petition for Adjudication	<input type="checkbox"/>	<input type="checkbox"/>
b. Adjudication Order	<input type="checkbox"/>	<input type="checkbox"/>
c. Sentencing/Probation Order	<input type="checkbox"/>	<input type="checkbox"/>
d. Petition to Revoke	<input type="checkbox"/>	<input type="checkbox"/>
e. Updated Probation Social Investigation	<input type="checkbox"/>	<input type="checkbox"/>
f. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
36. DJJ/DOC Parole Order	<input type="checkbox"/>	<input type="checkbox"/>

	Attached	N/A
37. Offender Registration Act—Current Registration Form		
a. Juvenile Delinquent	<input type="checkbox"/>	<input type="checkbox"/>
b. Sex Offender (adult)	<input type="checkbox"/>	<input type="checkbox"/>
38. Adult Criminal Court Orders		
a. Indictment Information/Arrest Report/Criminal Complaint	<input type="checkbox"/>	<input type="checkbox"/>
b. Judgment Order (Conviction/Sentencing/Probation Order)	<input type="checkbox"/>	<input type="checkbox"/>
c. Petition to Revoke	<input type="checkbox"/>	<input type="checkbox"/>
d. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
39. Child Identification Form CFS 680 (including Fingerprints and Photo of Ward)	<input type="checkbox"/>	<input type="checkbox"/>
40. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

*Missing Documentation and Timeframe for sending document(s) once obtained:*

<b>IV. Additional DCFS/POS Caseworker Referral Packet Documents <u>at</u> admission:</b>		
These items are required at the time of intake.		
Date:		
	Attached	N/A
41. Updated Referral Packet Documentation Checklist	<input type="checkbox"/>	<input type="checkbox"/>
42. SSI Award letter	<input type="checkbox"/>	<input type="checkbox"/>
43. Current contact info. of supportive individuals including related guidelines/restrictions	<input type="checkbox"/>	<input type="checkbox"/>
44. Dates and times of next court dates		
a. Delinquency	<input type="checkbox"/>	<input type="checkbox"/>
b. Permanency	<input type="checkbox"/>	<input type="checkbox"/>
45. Date and time of next ACR	<input type="checkbox"/>	<input type="checkbox"/>
46. Clothing-7-10 days of weather appropriate clothing	<input type="checkbox"/>	<input type="checkbox"/>
47. CFS 534 Medication Administration Log (list including type, dosage, and times given)	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Attached</b>	<b>N/A</b>
48. Medication Prescription for all prescribed medications	<input type="checkbox"/>	<input type="checkbox"/>
49. Minimum 14 day, preferably 30 day supply for all medication.	<input type="checkbox"/>	<input type="checkbox"/>
50. Finalized Comprehensive Transition Plan	<input type="checkbox"/>	<input type="checkbox"/>
51. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

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