

Extended Family Support Program Division of Child Protection Referral Form

Child Protection **Intact Case**

Client Information

8 Digit CWS Intake Summary (also known as CANTS 1) ID: _____

Caregiver Name: _____ Relation to Child: _____

Primary Language Caregiver: _____ Primary Language Child: _____

Address and Apt #: _____ County: _____

City: _____ Zip Code: _____

Home Phone: _____ Work: _____

Additional Information

Yes No NA

Child has been living with relative for more than 14 continuous days

Caregiver is willing to continue caring for the child.

Does parent/legal guardian want to take custody of child within 60 days?

Active safety threat identified on CFS 1441 CERAP

Safety plan is or was in effect requesting that relative obtain guardianship

Child is a ward of the State

Investigation/Intact case will close within 30 days if EFSP referral is accepted

Allegation: _____ Indicated Not Indicated

Date of the last in person worker/family meeting: _____

Worker Information

Name: _____ Worker ID: _____

Agency: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip Code: _____

Supervisor: _____ Phone: _____

Approvals

Worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

EFSP Coordinator Section

Referral Accepted: Yes No If no, reason: _____

EFSP Monitor: _____ Phone: _____

Signature: _____ Date: _____

EFSP Provider: _____ Phone: _____

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HOUSEHOLD COMPOSITION

The following chart must include the caregiver & **all** people living in the household, including **children and adults** and include **all information** regarding the **biological parents'** names and birth dates. List the relative caregiver first.

Client Ref#	Subject Name (Last, First)	Gender	D.O.B	Complete Mailing Address (street, city, zip)
1		<input type="checkbox"/> M <input type="checkbox"/> F		
2		<input type="checkbox"/> M <input type="checkbox"/> F		
3		<input type="checkbox"/> M <input type="checkbox"/> F		
4		<input type="checkbox"/> M <input type="checkbox"/> F		
5		<input type="checkbox"/> M <input type="checkbox"/> F		
6		<input type="checkbox"/> M <input type="checkbox"/> F		
7		<input type="checkbox"/> M <input type="checkbox"/> F		
8		<input type="checkbox"/> M <input type="checkbox"/> F		
9		<input type="checkbox"/> M <input type="checkbox"/> F		

RELATIONSHIP MATRIX

Using the client reference #'s used above, specify the relationship of **ALL** adults listed above to **ALL** children in the caregiver's home. List bio-parents of children living with the relative caregiver.

Relationship	Caregiver#	Caregiver#	Caregiver#	Caregiver#	Caregiver#
Child#					
Child#					
Child#					
Child#					
Child#					
Child#					

IMPORTANT CASE INFORMATION

Include the stability of the child(ren)'s current living arrangement and reason the child is living with the relative caregiver.

Include any safety issues that may be present. List any significant events that occurred since the case was referred to DCFS. If the worker attempted to screen the children into care, include why the request was rejected.
