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| COMPREHENSIVE ASSESSMENT AND TRAINING SERVICES (CATS) PROJECT  REFERRAL FORM | | | | | | | | | | | | | | | | |
| **PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT & SUBMITTING THIS FORM:**     * We need the information to be as completed as possible, **including a Medicaid number and/or SSN for each child.** * **You should be able to tab among fields, or click in a field to type.** * After you have filled out all the necessary information, **PLEASE KEEP THE DOCUMENT IN MICROSOFT WORD FORMAT** **(please do not print & scan to a pdf)**, save a copy to your computer just in case, and then email to: [CTAC@lsv.uky.edu](mailto:CTAC@lsv.uky.edu). * **We will also need the Case Summary Face Sheets (not individual summaries), and the court order. These can be attached to your submission email.**   **If you have any questions, please call 859-218-6901** | | | | | | | | | | | | | | | | |
| **Today’s Date:** Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **1. REFERRAL CONTACT INFORMATION** | | | | | | | | | | | | | | | | |
| **DCBS Worker** | | Click or tap here to enter text. | | | | | | | | **Phone** | | | | Click or tap here to enter text. | | |
| **Email** | | Click or tap here to enter text. | | | | | | | | **Fax #** | | | | Click or tap here to enter text. | | |
| **Address** | | Click or tap here to enter text. | | | | | | | | **Best Way to Contact You?** | | | | Click or tap here to enter text. | | |
| **Region** | | Click or tap here to enter text. | | | | | | | | **County** | | | | Click or tap here to enter text. | | |
| **FSOS** | | Click or tap here to enter text. | | | | | | | | **Email** | | | | Click or tap here to enter text. | | |
| **2. COURT INFORMATION** | | | | | | | | | | | | | | | | |
| Is there a pending hearing?  Yes  No If Yes, when? Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Court Findings: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Judge: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| County of Jurisdiction: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Case Name: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| TWIST #: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **3. CHILD INFORMATION** | | | | | | | | | | | | | | | | |
| **Full Name** | | | | **DOB** | | **Age** | **Gender** | | | | **Race/ Ethnicity** | | **Medicaid #** | | | **Social Security #** |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. |
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| **4. FAMILY INFORMATION** | | | | | | | | | | | | | | | | |
| **Biological Mother** | | | | | | | | | | | | | | | | |
| Full Name: Click or tap here to enter text. | | | | | | | | | | | | DOB: Click or tap here to enter text. | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | SS #: Click or tap here to enter text. | | | | | | | |
| Age: Click or tap here to enter text. | | | | | | | | | Race/Ethnicity: Click or tap here to enter text. | | | | | | | |
| Mother of: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **Biological Father** | | | | | | | | | | | | | | | | |
| Full Name: Click or tap here to enter text. | | | | | | | | | | | | DOB: Click or tap here to enter text. | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | SS #: Click or tap here to enter text. | | | | | | | |
| Age: Click or tap here to enter text. | | | | | | | | | Race/Ethnicity: Click or tap here to enter text. | | | | | | | |
| Father of: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **Other Parent, if applicable** | | | | | | | | | | | | | | | | |
| Full Name: Click or tap here to enter text. | | | | | | | | | | | | DOB: Click or tap here to enter text. | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | SS #: Click or tap here to enter text. | | | | | | | |
| Age: Click or tap here to enter text. | | | | | | | | | Race/Ethnicity: Click or tap here to enter text. | | | | | | | |
| Gender: Click or tap here to enter text. | | | Parent of: Click or tap here to enter text. | | | | | | | | | | | | | |
| **5. CURRENT PLACEMENT INFORMATION** | | | | | | | | | | | | | | | | |
| Are the children currently in OOHC?  Yes  No If Yes, since when? Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| What is the current DCBS goal? Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
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| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Child(ren): Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Caregiver Name/Relationship: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Phone: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **6. VISITATION:** | | | | | | | | | | | | | | | | |
| Do the parents currently have visitation:  Yes  No  Supervised  Unsupervised | | | | | | | | | | | | | | | | |
| If Yes, what are the visitation location, agency, and schedule? Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Are the parents consistent with participating in visitation?  Yes  No | | | | | | | | | | | | | | | | |
| What are the children’s reactions to visits (and based on whose report: DCBS, FPP, etc.)?  Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **7. ASSESSMENT QUESTIONS** | | | | | | | | | | | | | | | | |
| **What questions does DCBS want the CATS Assessment to address?** | | | | | | | | | | | | | | | | |
| **·** | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **·** | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **·** | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **·** | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **8. TRANSPORTATION** | | | | | | | | | | | | | | | | |
| Who will transport children and adults to the CATS Clinic? Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Potential for Violence toward CATS Project staff: | | | | | | | | | | | | | | | | |
| None | | | | | Low | | | Moderate | | | | | | | High | |
| Potential for Violence between family members: | | | | | | | | | | | | | | | | |
| None | | | | | Low | | | Moderate | | | | | | | High | |
| |  | | --- | | **9. DCBS HISTORY:** | | Remember to attach the Case Summary Face Sheets to your email when you submit this referral. Thank you! | | | | | | | | | | | | | | | | | |

**We will also need the Case Summary Face Sheets and court order.**

**These can be attached to your submission email.**