FINS REFERRAL FORM
DCFS Version

Section 1: REFERRAL INFORMATION
***Information below must be included before referral can be accepted.**

Date ______________________

***Child's name:** ______________________ ***DOB**: ______________

***Sex** (circle one)**:** Male/Female **Hispanic/Latino Ethnicity** (circle one)**:** Yes/No

***Race** (circle one)**:** Caucasian African American Native American Asian Other**:** __________

Child's Alias: ______________________

Known School Aged Siblings: ______________________

School: ______________________ **Grade:** ______________________

Special Education? Yes/No__________

***Parent/Guardian:** ______________________ **Relationship:** ______________

***Home Phone:** __________ (or) ***Cell Phone:** ______________

Work Phone: ______________________

***Mailing Address:** ______________________

***Physical Address**: ______________________

Parent's Email: ______________________

Language Interpreter Needed: Yes/No If yes, name Language ______________________

***Name of Person Making Referral**: ______________________

***Title**: ______________

***Email Address** ______________________ ***Phone Number:**______________

Section 2: TYPE OF REFERRAL/FINS Grounds
NOTE: A referral may not be made if DCFS has a case that is open or if there is additional abuse/neglect in the home where a case should be referred to DCFS.

The above family is in need of services because it includes a child who is (Place an "X" in the appropriate box(es)):

☐ Truancy (must meet the requirement for the child's school district policy of unexcused absences that leads to truancy intervention)

☐ Violates School Rules (Habitual) (ex. 3 or more behavioral write-ups that led to suspension or could lead to expulsion or being suspended or expelled for behavioral reasons)

☐ The Child is a Runaway

☐ Child Repeatedly Possessed or Consumed Intoxicating Beverages, or that he has misrepresented or deceived his age for the purpose of purchasing or receiving such beverages from any person, or has repeatedly loitered around any place where such beverages are the principle commodities sold or handled.

☐ Child Committed Offense Applicable Only to Children, (example: buying model glue, having gold teeth, tattoos or purchasing reptiles without the permission of a parent).
☐ Child Under Age 10 Committed act Which if Committed by an Adult Would be a Crime
☐ Caretaker Caused, Encouraged, or Contributed to Child's Behaviors or Delinquent Acts
☐ Child has been Found Incompetent to Proceed with a Delinquency Matter
☐ Child Found to Have Engaged in Cyberbullying

Was Law Enforcement notified of any of the grounds checked above? Yes/No If so, when?____________

Please indicate date of closed case as an open DCFS Case cannot be referred to FINS.
Date of case closure:________________________________
If this case was not accepted by DCFS, please include reason for non-acceptance.:____
____
____

Section 3: BEHAVIORS

Describe the child's behavior that is related to the grounds marked above. (Ex. unruly/ungovernable, refusing to obey lawful commands of parent/caretaker, destroying property in the home, threatening physical harm to persons in the home, cursing, physical assaulting other persons in the home, bringing people into the home without permission, violating curfew, possession of fire arm, possession of tobacco, other behaviors, etc.)

VICTIM OF TRAFFICKING

Has the child been identified as a victim of human trafficking?
☐Yes ☐ No

*If yes please attach screening tool and victim notification form.

Section 4: ACTIONS TAKEN BY DCFS

In-house measures taken by DCFS to rectify the problem: (at least 2 of the measures below must be completed or attempted prior to referral).
***Please list all that apply.**
***Supporting documentation of each measure much be attached.**

☐ Called and Talked With Guardian (Date(s):______________________)
☐ Referred for Intervention to:
  ☐ Behavior Specialist (Name: ______________________ Date:__________)
  *Is this case still open with the Behavior Specialist? _____Yes ______NO _____Unknown
  ☐ Other Community Based Mental Health/Behavior Support Personnel
    (Title & Name: ________________ Date of referral:__________)
  *Is this case currently opened with the Community Based Mental Health Agency? *___Yes ___No ____Unknown
☐ Sent Letter (Date: ______________)
☐ Home Visit (Date: ________________)
☐ Had Meeting with Guardian (Date: ________________)
☐ Referred to Outside Community/Private Agency ____________________________
Date of referral______________________
☐ Other Community Based Referrals (give details) ___________________________
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***The family must be notified that a referral will be made to FINS before sending.**

Name of Guardian: __________________________ Date of Notification: ______________
☐ N/A (Only select if referral is coming directly from Centralized Intake as a Non-Accepted Report.)

Section 5: SIGNATURES

____________________________________	________________________
Signature of Person Making the Referral	**Date**

☐ Check here to indicate that no FINS Referral will be accepted if this form is incomplete and verify that all required supporting documentation is included in the form or attached when necessary.

Signature of DCFS Approving Supervisor