

**ELWYN
INTENSIVE HOME AND COMMUNITY VISITATION PROGRAM
REFERRAL FORM**

DATE OF REFERRAL: _____ **DATE OF PLACEMENT:** _____

**CYS WORKER &
SUPERVISOR:** _____

FAMILY (CASE) NAME: _____

FAMILY COMPOSITION:

<u>NAME/DOB</u>	<u>RELATIONSHIP</u>	<u>ADDRESS & PHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBSTANCE ABUSE/MH/MR/OTHER:

FOSTER PARENT AND/OR CAREGIVER'S NAME, ADDRESS & PHONE NUMBER:

REASON FOR CYS INVOLVEMENT:

GUIDELINES FOR SUPERVISION OF VISITS:

LEVEL OF RISK: _____ **HIGH** _____ **MODERATE** _____ **LOW**

OTHER SOCIAL SERVICE AGENCIES INVOLVED WITH THE FAMILY:
