|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
|  | **Treatment Foster Care Initiative (TFCI) Referral** |

 |
| **INSTRUCTIONS**Fully complete this referral form and attach required supporting documentation. Only provide information which can be supported in your attached documentation or brief narratives. **Incomplete packets will not be accepted**. Once you have completed the referral packet and obtained the required signatures, email the packet to the TFCI Program Manager at DCYF.TFCIREFERRALS@dcyf.wa.gov. **TFCI is a short-term planned placement not to exceed 90 days and is not a permanency plan.**  |
| **Supporting Documents Checklist** |
| The items below are required to complete the TFCI referral packet. If the youth has a current BRS and/or CLIP packet in place, this can be used in lieu of completing this form. **Please note these documents only serve to initiate the process, additional required documentation will be determined at a staffing scheduled upon receipt of these initial documents.**Documents should only be the most recent version or completed in the last 1-2 years. **[ ]**  WISe Screen. If a copy of the WISe screen is not available to include in the packet, identify the entity that completed the screen and provide a brief summary of the screening results in the section provided in this form.**[ ]**  Child Health and Education Tracking (CHET) Report (if appropriate)[ ]  Legal Placement Authority**[ ]**  Court Report[ ]  All relevant reports to support diagnosis or past treatment |
| **Youth Information** |
| LEGAL NAME      | PREFERRED NAME      | DATE OF BIRTH      | AGE      |
| WHICH RACE/CULTURE DOES THE CHILD IDENTIFY WITH?      |  |
| SEX ASSIGNED AT BIRTH CHILD’S IDENTIFIED GENDER           | HEIGHT      | WEIGHT      | PERSON ID      |
| CASEWORKER NAME      | OFFICE      | TELEPHONE NUMBER      | E-MAIL ADDRESS      |
| SUPERVISOR NAME        | TELEPHONE NUMBER      | E-MAIL ADDRESS      |
| **Family / Community Support Team** |
| Name all that apply |
| Parent/Guardian |       | Parent/Guardian |       |
| Grandmother |       | Grandfather |       |
| Grandfather |       | Grandmother |       |
| Therapist/Mental Health Provider |       | Siblings |       |
| Other Significant Connections |       |       |       |

|  |
| --- |
| **Prior Services to Family or Youth** |
| Complete all that apply and only provide the most recent dates |
| NAME | DATES | PROVIDER | NAME | DATES | PROVIDER |
| Developmental Disabilities Administration (DDA) services |       |       | Drug and Alcohol |       |       |
| WISe or In-home Wraparound |       |       | Inpatient Mental Health Hospitalizations |       |       |
| [ ]  Family Reconciliation  Services (FRS)[ ]  Family Voluntary  Services (FVS)[ ]  Family Assessment  Response (FAR)[ ]  CPS Investigation[ ]  Prior Dependencies[ ]  BRS[ ]  Kinship Care |       |       | Outpatient Behavioral Health |       |       |
| Intensive Family Preservation Services (IFPS) |       |       | Evidence Based Practices (EBP)       |       |       |
| YOUTH’S CURRENT LOCATION      | DATE PLACEMENT NEEDED      |
| **WISe Screen Results** |
| Date of WISe screen: Click or tap to enter a date.WISe screen results: Choose an item.Screening outcome: Choose an item.If WISe screen was requested but not completed, date of request:      Reason why screen not completed:     Plan to complete WISe screen:      If youth is eligible for WISe and WISe is not being utilized, provide detailed reason why:       |

|  |
| --- |
| **Behavioral Domains** |
| **Instructions:** There are six behavioral domains. Below each domain there are adjectives or phrases which describe the youth’s behavior for that domain. Put a check in all the boxes that capture the youth’s behavior for the last **six months**. Then give an overall rating (just your best estimate) by checking the box for one of the following: No Problem, Slight, Moderate, Serious, Severe, or Extreme. |
| **Substance Use** |
| **[ ]**  No problem**[ ]**  Med controlled (in tx)**[ ]**  Abstinent**[ ]**  Recovery | **[ ]**  Cravings/urges**[ ]**  Interferes with functioning**[ ]**  Abuse**[ ]**  Dependency | **[ ]**  Alcohol**[ ]**  Drugs: Prescription**[ ]**  Drugs: Illegal**[ ]**  Over the counter**[ ]**  IV Drugs |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Behavior in Home Settings** |
| **[ ]**  Responsible**[ ]**  Respectful**[ ]**  Disregards Rules | **[ ]**  Conflict with  Caregiver**[ ]**  Conflict with  Peer**[ ]**  Defies  Authority | **[ ]**  Conflict with Siblings**[ ]**  Conflict with Relative**[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Socio - Legal** |
| **[ ]**  Disregards Rules**[ ]**  Fire Setting**[ ]**  Dishonest**[ ]**  Detention/Commitment**[ ]**  Community Risk Level | **[ ]**  Offense/Property**[ ]**  Parole/Probation**[ ]**  Uses/Cons Others**[ ]**  Legally Incompetent | **[ ]**  Offense/Person**[ ]**  Pending Charges**[ ]**  Gang Member**[ ]**  Sex Offender |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: (If community risk level checked, please provide that level) |
|  |
| **Danger to Self** |
| **[ ]**  Suicidal Ideation**[ ]**  Past Attempts**[ ]**  Risk Taking | **[ ]**  Current Suicide Plan**[ ]**  Self-Injury**[ ]**  Serious Self-Neglect | **[ ]**  Recent Attempt**[ ]**  Self-Mutilation**[ ]**  Inability to Care for Self |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Danger to Others** |
| **[ ]**  Not Dangerous**[ ]**  Causes Serious Injury**[ ]**  Uses Weapons**[ ]**  Assaultive | **[ ]**  Physically Aggressive**[ ]**  Cruelty to Animals**[ ]**  Violent Temper**[ ]**  Sexually Aggressive | **[ ]**  Homicidal Threats**[ ]**  Homicide Ideation**[ ]**  Homicidal Attempt**[ ]**  Accused/Sexual Assault |
| **[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Security / Management Needs** |
| **[ ]**  No Special Needs**[ ]**  Behavior Contract**[ ]**  Special Supervision**[ ]**  Protection from Others | **[ ]**  Door/Window Alarms**[ ]**  Suicide Watch**[ ]**  Involuntary Commitment Needs**[ ]**  Physical Intervention Needs | **[ ]**  Run Risk**[ ]**  Timeout Rooms**[ ]**  PRN Medications**[ ]**  Other:  |
| **[ ]**  No Problem **[ ]**  Slight **[ ]**  Moderate **[ ]**  Serious **[ ]**  Severe **[ ]**  Extreme |
| Brief justification, explanation, description: |
|  |
| **Youth Strengths** |
| Description of any hobbies, personal interests, recreational activities and successful interventions: |
|  |
| **Family Strengths** |
| Brief explanation, description: |
|  |
| **Cultural / Spiritual Interests** |
| Briefly describe the child’s connections to their identity and their affiliations to their culture, tribe, religious/spiritual beliefs: |
|  |
| **Discharge Plan from TFCI:****FTDM/SPM Required for Discharge** |
|  |
| What behavioral / circumstances need to change for the youth to discharge to a less restrictive setting? |
|  |
| **Signatures** |
| CASEWORKER SIGNATURE | DATE |
| SUPERVISOR SIGNATURE | **[ ]**  Approved **[ ]**  Denied | DATE |
| TFCI PROGRAM MANAGER SIGNATURE | **[ ]**  Approved **[ ]**  Denied | DATE |