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| |  |  | | --- | --- | |  | **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 | |  | | |  | | | |  | |

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| **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: | | | | | |

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| **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 |