



THE DEPARTMENT OF CHILDREN, YOUTH,
AND FAMILIES (DCYF)

Courtesy Supervision Referral

PLANNED MOVE <input type="checkbox"/> Yes <input type="checkbox"/> No	CASE NAME
EMERGENT MOVE <input type="checkbox"/> Yes <input type="checkbox"/> No	CASE NUMBER

Placement Information

NAME OF CAREGIVER(S)	PROVIDER NUMBER	PHONE NUMBER (INCLUDE AREA CODE)
ADDRESS (INCLUDE CITY AND ZIP CODE)		TYPE OF PLACEMENT <input type="checkbox"/> Unlicensed <input type="checkbox"/> Licensed <input type="checkbox"/> Parent

Child Information

LAST NAME	FIRST NAME	BIRTHDATE	CHILD'S LEGAL STATUS	IS THE CHILD NATIVE AMERICAN?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Information

- Has placement occurred? Yes No
 If yes, date of placement: _____ If no, date of planned placement change: _____
 Health and Safety Visit must occur within seven (7) calendar days of a placement move.
 Date of Last Health and Safety _____
- Has a walkthrough been completed? Yes No If no, describe plan for walkthrough:
- Identify all household members who are 16 years and older:
 Have background clearances been completed for all house members listed above? Yes No
 If no, identify household member, reason and plan for completion:
- Are there immediate concerns and/or needs related to the child's safety and/or well-being? Yes No
 If yes, describe concerns:
- Was the child placed with the caregiver against the Department's recommendation? Yes No
 If yes, describe basis for objection:
- Is the youth on probation? Yes No
 If yes, include Probation Officer's name and contact information:
- Placement with parents.** Is there a safety plan in place? Yes No N/A (child not placed with parent)
 If yes, identify the location of safety plan in FamLink:
 Describe specific needs related to coordination of services and monitoring of child safety:

Sending Supervisor and Primary Worker

NAME	TITLE	TELEPHONE (INCLUDE AREA CODE)
1.		
2.		

Send referrals to the sending office's Regional Courtesy Supervision Gatekeeper's Mailbox

R1CourtesySupervision@dcyf.wa.gov
R2CourtesySupervision@dcyf.wa.gov
R3CourtesySupervision@dcyf.wa.gov

R4CourtesySupervision@dcyf.wa.gov
R5CourtesySupervision@dcyf.wa.gov
R6CourtesySupervision@dcyf.wa.gov