

DCFS caseworker has explained the Families First program to the parent/guardian before submitting this referral. The parents understand that the Families First program will typically require participation for 8 weeks or more and a minimum of 8 hours per week (four 2-hour sessions are common). Schedule adjustments may be made in a given week for family situational issues. Services become less intensive as referral issues improve/stabilize. Yes No

Family Schedule

Work: Mon: _____ Tue: _____ Wed: _____ Thu: _____
 Fri: _____ Sat: _____ Sun: _____

Planned Vacation: _____

Where is the child living at the time of this referral? _____

If the child is not in the home, can he/she be returned home within 7 days? Yes No

Please explain: _____

Problem Checklist: (Please mark with an (x) any of the following problems that you think the family/child is experiencing. Also, please identify persons involved and provide a description regarding the degree of the problem in the space below.)

Continuing Problems - Family

Contributing Problems – Child(ren)

- AB Abuse/exploitation by non-family member
- DA Parent drug/alcohol problem
- EA Emotional abuse by a parent
- FV Family violence
- IL Parent handicap/illness
- IR Inadequate physical resource

- NG Neglect
- PA Physical abuse by parent
- PC Parent-Child conflict
- RS Parent too restrictive/protective
- SA Sexual abuse by parent
- UE Parent unemployment

- AA Alcohol abuse
- BP Behavior problems/ delinquent
- CC Custody change
- DP Depressed
- DR Drug abuse
- HH Health problem/handicap
- LD Learning disability

- MI Mental/emotional illness
- MR MR/DD
- PG Pregnancy/unwed
- RW Runaway
- SP Suicide potential
- SX Sexual acting out
- TR Truancy

Please explain: _____

DCFS SDM Risk Level: Very High High Moderate Low

Identified Risk Factors within the Family: _____

What do you expect the Families First Specialist to accomplish (e.g. improve parenting skills, child consequential thinking, increase positive communication, etc., including UFACET items and protective factors that the service is intended to address)?

****Please attach UFACET & Service Plan along with other documents identifying family needs.**