



Please complete and return by email to:
Melanie Ray, Family Outreach Director
mray@caringcouncil.org

Children's Treatment Services Referral Form

Contract# SDA39920153 | Vendor # 002678811

Referral Date: _____ Referring Children's Division Worker: _____

County: _____ Phone Number: _____

Beginning Service Date: _____ (Please attach CD Authorization for CTS Services)

Services Requested:

- Parent Aide (PRAD) Units per month (max. 20/mo) _____ *60 min. - 50 min. Face to Face
- Parent Education and Training (PETB) Units per month (max. 12/mo) _____ *60 min. - 50 min. Face to Face
- Service Delivery Coordination (SDCR) Units per month (no max./mo) _____ *60 min. - 50 min. Face to Face
- Personal Assistance - Behavioral (PASB) Units per week (max. 10/wk) _____ *30 min. Face to Face
- Transportation (See attached form. **Skip page 2 if requesting Transportation Services ONLY.**)

Family Information

Parent(s) Name: _____

Address: _____ City/State: _____ Zip Code: _____

Phone Number: _____ Alt. Phone Number: _____

Child's Name: _____ DOB: _____ DCN: _____

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Child's Name: _____ DOB: _____ DCN: _____

Child's Name: _____ DOB: _____ DCN: _____

Other Household Members: _____

Relevant Background Information on this family: _____

History of Children's Division Involvement: _____

Treatment Goals: (please check all that apply)

- Family Stabilization - Substance Abuse Treatment
- Family Stabilization - Child Discipline/Behavioral Techniques
- Family Stabilization - Anger Management
- Family Stabilization - Communication/Family Activities
- Family Stabilization - Support System Development
- Family Stabilizations - Mental Health/Special Needs
- Life Skills - Educational Assistance
- Life Skills - Workforce Training/Employment
- Life Skills - Financial Responsibility/Budgeting
- Life Skills - Meal Preparation/Nutrition
- Life Skills - Home Cleanliness/Maintenance
- Basic Needs - Housing Assistance
- Basic Needs - Transportation Assistance
- Basic Needs - Public Assistance
- Basic Needs - Securing Child Care
- Basic Needs - Medical and Dental Care
- Other: _____

Description of Presenting Problems/Treatment Goals: _____

Expected Outcomes of Intervention: _____

*Detailed notes of each session are made available at the request of Children's Division. A formal report will be submitted quarterly, or as requested by Children's Division.

*The Service Provider will attend meetings (FST, etc.) and hearings as requested by Children's Division.

*DCCC Policy regarding "No Show" or Canceled Visits: There is no charge for "no shows" or cancellations. Visits are counted as "no shows" or cancellations if the client is more than 20 minutes late or cancels with less than a 24 hour notice to Supervisor/Service Provider prior to scheduled visit time. Services are terminated after two consecutive "no shows" or cancellations until there is a significant change in the parent's circumstances.



Children's Treatment Services Transportation Request Form

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Type of Transportation Requested:

- General Transportation (TRAN)
- Transportation - Behavioral (STRN)
- Transportation - Behavioral II (STRD)

*General transportation services can be provided in most cases. Behavioral transportation is to be utilized for transporting youth who may be a danger to themselves and/or others. Behavioral transportation II is to be utilized when it is deemed that there is a need for a two person team to provide transportation to minimize any harm to the youth and service provider.

Purpose of Transportation Request: (please check all that apply)

- Transporting child(ren) to and from family visits
- Transporting parents to visits with their children
- Transporting child(ren) to and from school
- Transporting child(ren) to and from medical appointments
- Transporting parents to meet with community resources
- Other transportation services (please describe):

Maximum miles allowed per month: _____

*Are there any restrictions that the service provider needs to be aware of? If yes, please describe.

*Are there any other special needs/circumstances that the service provider needs to be aware of? If yes, please describe.
