

Catawba County Department of Social Services
CHILD AND FAMILY TEAM REFERRAL FORM / NOTIFICATION FORM *
 (* for notification only, attach changed Case Plan)

Social Worker: _____ Date Scheduled/location: _____ Facilitator Needed: yes no

Case Finding Date _____ Services Rec Services Needed Initial Follow-up

Risk Level at Time of Referral
 Referral Source: CPS CPCM (CPS Tx) Adoptions FC Other
 Agency finding: ABUSE: Phy Ab Sex Ab Del. Acts. NEGLECT Imp.Supervision Imp.care Imp. Disc (NI) Imp. Disc (I) Inj. Envir Inj. Envir.DV Inj. Envir.SA Abandonment Imp. Med/Rem care

FAMILY: _____ Case #: _____ Race: _____

Child Name	Age	SIS Number

Custody Status: Parent DSS Cust w Rel | Current Placement: _____

Invited Participants	Relationship	Invited Participants	Relationship

Purpose and benefit of this CFT as explained to the Family: _____

Has Family Agreed to discuss this Purpose: yes no

Assessed Volatility Risk: (During/After Meeting) _____

What does the Family see as good about themselves? Family Strengths / Supports: _____

Plan Developed by the Family from Meeting: _____