

Internal Use Only

Received by: _____

Date received: _____

Date contacted referral source: _____

Date contacted family: _____



Coastal Horizons Center, Inc.

PROMOTING CHOICES FOR HEALTHIER LIVES AND SAFER COMMUNITIES

SOR-IFPS

This form may be signed by the referring agency representative and sent to the SOR-IFPS program to begin a referral. The referring worker's signature verifies that all information below is correct and the family does in fact meet the criteria for provision of SOR-IFPS services. Although this form is sufficient to begin a referral, the IFPS-SOR worker will need to collaborate with the referring worker prior to official case opening.

Referral Sources include: DSS, Hospitals, Medical/Mental Health Agencies, Substance Use Treatment Providers

Referring Agency: _____

County: _____

Referring Worker: _____

Phone: _____

Referring Worker Email: _____

Date: _____

Client Information: Family Name: _____

Phone: _____

Address or Current Location: _____

Parent/Caretaker(s): List Parent/Caretaker with Opioid history first.

Attach additional sheets if there are more caregivers/children

1. Name: _____ Relationship to child: _____ Age: _____

2. Name: _____ Relationship to child: _____ Age: _____

Child(ren):

1. Name: _____

DOB: _____

2. Name: _____

DOB: _____

3. Name: _____

DOB: _____

4. Name: _____

DOB: _____

Case requirements: DSS involvement with the family is required AND either a past or current issue with Opiate use

Initial & Answer below showing case requirements are present. Collaborate with IFPS-SOR staff about presenting needs

_____ Open case with DSS where in home services are provided to prevent child placement or support reunification

_____ history of Opioid use by Parent/Guardian (Self-report or external verification)

Please indicate if the family is working on **Family Preservation** OR **Reunification**

Name of Current DSS worker serving the family: _____

Reason for Referral- briefly explain (*attach additional pages if necessary*) :

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IFPS Agency: Date/Time Received: _____ Staff Assigned: _____

Action Taken: _____

Please fax this form to (910) 202-5772, Attention: Farrah Ramsey, IFPS Supervisor. Please label fax as URGENT

OR email this form to framsey@coastalhorizons.org- Subject: SOR/IFPS Referral.

After Hours or Weekend Referrals should be faxed but accompanied with a phone call with either

Josh Main, IFPS State Program Coordinator 910-524-6630

Or

Farrah Ramsey, IFPS Supervisor 910-612-0643