

# HOMEBUILDERS® Referral Information Summary

**Does this family meet the Homebuilders eligibility criteria:**

**For Placement Prevention:**

- If Homebuilders is not available, one of the following will occur:
- Child(ren) will be placed in protective custody;
  - Court petition will be filed requesting placement;
  - Voluntary placement agreement will be initiated;
- There is a case plan. Date \_\_\_\_\_.
- Less intensive services have been exhausted or are not appropriate.
- Maintaining the child in the home is not a temporary plan. The child is not on a waiting list or pending entry into group care, psychiatric care, or a juvenile justice institution.
- The caregiver has been informed of the risk of placement.
- The caregiver(s) will be available for intake within 24 hours of referral.
- The referent has described the intensity of Homebuilders to the family (40 hours of direct service over 4 to 6 weeks), and

**Referral Information**

Family Name:		Referring Agency Case #:	Home Phone:
Address:		City / Zip:	Work/Cell Phone:
Additional directions / pets / other notes:		Good times to call / reach family:	Message Phone:
Assigned Practitioner:		Referral Date:	Referral Time:
Referent Name:		Referent Phone:	Referent Email Address:
Referring Office:	<b>Emergency</b> Phone:	Fax:	<input type="checkbox"/> Adoption <input type="checkbox"/> FRS <input type="checkbox"/> CPS <input type="checkbox"/> FVS <input type="checkbox"/> CFWS <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> FAR <input type="checkbox"/> Other:
Referent Supervisor:		Referent Supervisor Phone:	Referent Supervisor Email Address:

**Family Members**

Name	Role in Family	DOB	Gender	Race / Ethnicity	Tribal Affiliation	Mobile Phone
	<input type="checkbox"/> Identified Youth <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other:			Race: Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Ethnicity:		
	<input type="checkbox"/> Identified Youth <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other:			Race: Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Ethnicity:		
	<input type="checkbox"/> Identified Youth <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other:			Race: Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Ethnicity:		
	<input type="checkbox"/> Identified Youth <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other:			Race: Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Ethnicity:		
	<input type="checkbox"/> Identified Youth <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other:			Race: Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Other Ethnicity:		

## Family Information

Referring Agency ID#:	Family aware and willing to participate: Yes <input type="checkbox"/> No <input type="checkbox"/> If not, who:	Anyone restricted from contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who and why:
Potential for Violence within Family: <input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Mod <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/> Unk. Comments:	Potential for Violence toward Others: <input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Mod <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/> Unk. Comments:	Previous/current counseling/services:
Safety concerns or risk factors not listed (e.g., sex offender, gang activity, suicide risk, criminal activity, substance abuse, history of child abuse/neglect, level of cooperation, stress, economic concerns):		Does referent have a Safety Plan? Yes <input type="checkbox"/> (if yes, remind to fax it) No <input type="checkbox"/>
History of CPS Involvement: # CPS referrals in last 3 years: # founded: Describe:	Court Hearings: <input type="checkbox"/> None <input type="checkbox"/> Custody Hearing <input type="checkbox"/> At Risk Youth <input type="checkbox"/> Dependency Review <input type="checkbox"/> Criminal - Youth <input type="checkbox"/> Other: <input type="checkbox"/> Criminal - Parent <input type="checkbox"/> Unknown Comments:	Type of Housing: <input type="checkbox"/> Stable Housing <input type="checkbox"/> Active Eviction Notice/Proceedings <input type="checkbox"/> Temporary Housing (shelter, friend's home) <input type="checkbox"/> Homeless Comments:
When was decision made to refer: <input type="checkbox"/> Court hearing <input type="checkbox"/> Staffing with AAG <input type="checkbox"/> Family Team Decision Making meeting <input type="checkbox"/> Staffing with referent's supervisor <input type="checkbox"/> Child Protection Team meeting <input type="checkbox"/> Routine Staffing <input type="checkbox"/> After-hours Intake <input type="checkbox"/> Chronicity Staffing <input type="checkbox"/> Child abuse/neglect investigation <input type="checkbox"/> Other: Comments:		Family Involved with the Military: Yes <input type="checkbox"/> No <input type="checkbox"/>  Family Impacted by Deployment: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
Special Needs/Other Concerns (pets, weapons in home, household pests, unsafe area, restraining or stay away orders etc.):		

## Reason for Referral

Attach a separate document or use the back of this form to describe the reason for referral <b>Discuss imminence of risk/harm</b>
Expectations for Services: 1. 2. 3.

## Primary Caregivers

Caregiver #1 Name:		Caregiver #2 Name:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown/prefers not to specify	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker/Retired <input type="checkbox"/> Not Working - Disabled <input type="checkbox"/> Unemployed – public assistance <input type="checkbox"/> Unemployed – no public asst. <input type="checkbox"/> Student <input type="checkbox"/> Unknown/prefers not to specify	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown/prefers not to specify	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker/Retired <input type="checkbox"/> Not Working - Disabled <input type="checkbox"/> Unemployed – public assistance <input type="checkbox"/> Unemployed – no public asst. <input type="checkbox"/> Student <input type="checkbox"/> Unknown/prefers not to specify
Concerns for Caretaker: <input type="checkbox"/> Abuse of children <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Criminal involvement <input type="checkbox"/> Developmental, neurological, or intellectual impairment <input type="checkbox"/> Domestic violence <input type="checkbox"/> Family conflict <input type="checkbox"/> Gang involvement <input type="checkbox"/> Home management <input type="checkbox"/> Inadequate social support <input type="checkbox"/> Learning disability <input type="checkbox"/> Legal problems <input type="checkbox"/> Neglect of children <input type="checkbox"/> Emotional <input type="checkbox"/> Environmental <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Supervisory	<input type="checkbox"/> Non-/limited English speaker <input type="checkbox"/> Parenting concerns <input type="checkbox"/> Physical disability <input type="checkbox"/> Prostitution <input type="checkbox"/> Recent immigrant/refugee <input type="checkbox"/> Self-harm/suicidal behavior <input type="checkbox"/> Serious health concerns <input type="checkbox"/> Serious mental health concerns <input type="checkbox"/> Substance abuse or misuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Crack/cocaine <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Other prescription drugs <input type="checkbox"/> Other: <input type="checkbox"/> Transportation <input type="checkbox"/> Violent behavior	Concerns for Caretaker: <input type="checkbox"/> Abuse of children <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Criminal involvement <input type="checkbox"/> Developmental, neurological, or intellectual impairment <input type="checkbox"/> Domestic violence <input type="checkbox"/> Family conflict <input type="checkbox"/> Gang involvement <input type="checkbox"/> Home management <input type="checkbox"/> Inadequate social support <input type="checkbox"/> Learning disability <input type="checkbox"/> Legal problems <input type="checkbox"/> Neglect of children <input type="checkbox"/> Emotional <input type="checkbox"/> Environmental <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Supervisory	<input type="checkbox"/> Non-/limited English speaker <input type="checkbox"/> Parenting concerns <input type="checkbox"/> Physical disability <input type="checkbox"/> Prostitution <input type="checkbox"/> Recent immigrant/refugee <input type="checkbox"/> Self-harm/suicidal behavior <input type="checkbox"/> Serious health concerns <input type="checkbox"/> Serious mental health concerns <input type="checkbox"/> Substance abuse or misuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Crack/cocaine <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Opioids <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Other prescription drugs <input type="checkbox"/> Other: <input type="checkbox"/> Transportation <input type="checkbox"/> Violent behavior

**Youth Identified for Services**

Youth #1 Name:		Person ID#:		Youth #2 Name:		Person ID#:	
Youth referred for: <input type="checkbox"/> Plcmnt Prev. <input type="checkbox"/> Reunif. <input type="checkbox"/> Plcmnt Stab.		Youth referred for: <input type="checkbox"/> Plcmnt Prev. <input type="checkbox"/> Reunif. <input type="checkbox"/> Plcmnt Stab.		Youth referred for: <input type="checkbox"/> Plcmnt Prev. <input type="checkbox"/> Reunif. <input type="checkbox"/> Plcmnt Stab.		Youth referred for: <input type="checkbox"/> Plcmnt Prev. <input type="checkbox"/> Reunif. <input type="checkbox"/> Plcmnt Stab.	
<b>Relationship to Caregiver #1</b> <input type="checkbox"/> Biological Child <input type="checkbox"/> Adoptive Child – Relative <input type="checkbox"/> Adoptive Child – Non-relative <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Mate's Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child – Relative <input type="checkbox"/> Foster Child – Non-relative		<b>Relationship to Caregiver #2</b> <input type="checkbox"/> Biological Child <input type="checkbox"/> Adoptive Child – Relative <input type="checkbox"/> Adoptive Child – Non-Relative <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Mate's Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child – Relative <input type="checkbox"/> Foster Child – Non-Relative		<b>Relationship to Caregiver #1</b> <input type="checkbox"/> Biological Child <input type="checkbox"/> Adoptive Child – Relative <input type="checkbox"/> Adoptive Child – Non-relative <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Mate's Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child – Relative <input type="checkbox"/> Foster Child – Non-relative		<b>Relationship to Caregiver #2</b> <input type="checkbox"/> Biological Child <input type="checkbox"/> Adoptive Child – Relative <input type="checkbox"/> Adoptive Child – Non-Relative <input type="checkbox"/> Stepchild <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Mate's Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child – Relative <input type="checkbox"/> Foster Child – Non-Relative	
<b>Living Situation at Referral</b> <input type="checkbox"/> Home w/ permanent caregivers <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Temporarily away from home <input type="checkbox"/> Runaway <input type="checkbox"/> Staying with friend/relative <input type="checkbox"/> Detention/juvenile justice <input type="checkbox"/> Psychiatric facility <input type="checkbox"/> Crisis placement <input type="checkbox"/> Inpatient drug/alcohol tx <input type="checkbox"/> Hospital <input type="checkbox"/> Other: <input type="checkbox"/> Informal placement - unpaid <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Other <input type="checkbox"/> Formal placement - paid <input type="checkbox"/> Foster care - Relative <input type="checkbox"/> Foster care – Non-relative <input type="checkbox"/> Group home/residential care <input type="checkbox"/> Long-term psychiatric care <input type="checkbox"/> Other:		<b>Is this the Permanent Plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If not, select permanent plan:</b> <input type="checkbox"/> Home w/ permanent caregivers <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Informal placement - unpaid <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Other <input type="checkbox"/> Formal placement - paid <input type="checkbox"/> Foster care - Relative <input type="checkbox"/> Foster care – Non-relative <input type="checkbox"/> Group home/residential care <input type="checkbox"/> Long-term psychiatric care <input type="checkbox"/> Other:		<b>Living Situation at Referral</b> <input type="checkbox"/> Home w/ permanent caregivers <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Temporarily away from home <input type="checkbox"/> Runaway <input type="checkbox"/> Staying with friend/relative <input type="checkbox"/> Detention/juvenile justice <input type="checkbox"/> Psychiatric facility <input type="checkbox"/> Crisis placement <input type="checkbox"/> Inpatient drug/alcohol tx <input type="checkbox"/> Hospital <input type="checkbox"/> Other: <input type="checkbox"/> Informal placement - unpaid <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Other <input type="checkbox"/> Formal placement - paid <input type="checkbox"/> Foster care - Relative <input type="checkbox"/> Foster care – Non-relative <input type="checkbox"/> Group home/residential care <input type="checkbox"/> Long-term psychiatric care <input type="checkbox"/> Other:		<b>Is this the Permanent Plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If not, select permanent plan:</b> <input type="checkbox"/> Home w/ permanent caregivers <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Informal placement - unpaid <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Other <input type="checkbox"/> Formal placement - paid <input type="checkbox"/> Foster care - Relative <input type="checkbox"/> Foster care – Non-relative <input type="checkbox"/> Group home/residential care <input type="checkbox"/> Long-term psychiatric care <input type="checkbox"/> Other:	
<b>If placed, where would youth most likely be placed:</b> <input type="checkbox"/> Informal placement – unpaid <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Other: <input type="checkbox"/> Formal placement - paid <input type="checkbox"/> Foster care - Relative <input type="checkbox"/> Foster care – Non-relative <input type="checkbox"/> Group home/residential <input type="checkbox"/> Long-term psychiatric care <input type="checkbox"/> Other:				<b>If placed, where would youth most likely be placed:</b> <input type="checkbox"/> Informal placement – unpaid <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardianship – Relative <input type="checkbox"/> Guardianship – Non-relative <input type="checkbox"/> Other: <input type="checkbox"/> Formal placement - paid <input type="checkbox"/> Foster care - Relative <input type="checkbox"/> Foster care – Non-relative <input type="checkbox"/> Group home/residential <input type="checkbox"/> Long-term psychiatric care <input type="checkbox"/> Other:			
<b>Is Youth At Risk of Abuse, Neglect or Family Conflict:</b> <input type="checkbox"/> Physical Abuse: <input type="checkbox"/> victim <input type="checkbox"/> offender <input type="checkbox"/> Sexual Abuse: <input type="checkbox"/> victim <input type="checkbox"/> offender <input type="checkbox"/> Family Conflict: <input type="checkbox"/> physical <input type="checkbox"/> non-physical <input type="checkbox"/> Neglect: <input type="checkbox"/> medical <input type="checkbox"/> emotional <input type="checkbox"/> physical <input type="checkbox"/> supervisory <input type="checkbox"/> environmental				<b>Is Youth At Risk of Abuse, Neglect or Family Conflict:</b> <input type="checkbox"/> Physical Abuse: <input type="checkbox"/> victim <input type="checkbox"/> offender <input type="checkbox"/> Sexual Abuse: <input type="checkbox"/> victim <input type="checkbox"/> offender <input type="checkbox"/> Family Conflict: <input type="checkbox"/> physical <input type="checkbox"/> non-physical <input type="checkbox"/> Neglect: <input type="checkbox"/> medical <input type="checkbox"/> emotional <input type="checkbox"/> physical <input type="checkbox"/> supervisory <input type="checkbox"/> environmental			
<b>Concerns for Youth:</b> <input type="checkbox"/> None <input type="checkbox"/> Child requesting placement <input type="checkbox"/> Criminal involvement <input type="checkbox"/> Developmental, neurological, or intellectual impairment <input type="checkbox"/> Drug exposed infant <input type="checkbox"/> Gang involvement <input type="checkbox"/> Inadequate social support <input type="checkbox"/> Inappropriate sexual behavior <input type="checkbox"/> Learning disability <input type="checkbox"/> Non-/limited English speaker <input type="checkbox"/> Physical disability <input type="checkbox"/> Runaway <input type="checkbox"/> School drop-out		<input type="checkbox"/> School suspension/expulsion <input type="checkbox"/> School truancy <input type="checkbox"/> Self-harm/suicidal behavior <input type="checkbox"/> Serious health concerns <input type="checkbox"/> Serious mental health concerns <input type="checkbox"/> Sibling abuse <input type="checkbox"/> Substance abuse or misuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Crack/cocaine <input type="checkbox"/> Opioids <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other <input type="checkbox"/> Other prescription drugs  <input type="checkbox"/> Teen pregnancy <input type="checkbox"/> Violent behavior <input type="checkbox"/> Youth below grade level		<b>Concerns for Youth:</b> <input type="checkbox"/> None <input type="checkbox"/> Child requesting placement <input type="checkbox"/> Criminal involvement <input type="checkbox"/> Developmental, neurological, or intellectual impairment <input type="checkbox"/> Drug exposed infant <input type="checkbox"/> Gang involvement <input type="checkbox"/> Inadequate social support <input type="checkbox"/> Inappropriate sexual behavior <input type="checkbox"/> Learning disability <input type="checkbox"/> Non-/limited English speaker <input type="checkbox"/> Physical disability <input type="checkbox"/> Runaway <input type="checkbox"/> School drop-out		<input type="checkbox"/> School suspension/expulsion <input type="checkbox"/> School truancy <input type="checkbox"/> Self-harm/suicidal behavior <input type="checkbox"/> Serious health concerns <input type="checkbox"/> Serious mental health concerns <input type="checkbox"/> Sibling abuse <input type="checkbox"/> Substance abuse or misuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Crack/cocaine <input type="checkbox"/> Opioids <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other <input type="checkbox"/> Other prescription drugs  <input type="checkbox"/> Teen pregnancy <input type="checkbox"/> Violent behavior <input type="checkbox"/> Youth below grade level	
<b>Previous Formal Placements</b> # Foster placements: # Group home/residential: # Psychiatric placements: # Detention/juvenile justice:		<b>Was Youth Adopted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Age adopted: Adoption pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Previous Formal Placements</b> # Foster placements: # Group home/residential: # Psychiatric placements: # Detention/juvenile justice:		<b>Was Youth Adopted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Age adopted: Adoption pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	