FAMILY PRESERVATION PROGRAM

Submit referral by email to Duval.PreservationIntake@fssnf.org or Nassau.PreservationIntake@fssnf.org

In email subject line indicate "STEPS" or "High Risk Newborn"

☐ STEPS ☐ HIGH RISK NEWBORN (Duval only)

Risk Level: ☐ Low ☐ Moderate ☐ High ☐ Very High ☐ Post-Adopt referral (FSS Adoptions)

Referring Date:	FSFN Intake:
Referred by: (name/agency)	CPI Email and phone number:
Name and email of supervisor:	Case Name:

FAMILY INFORMATION

Name (role-parent, child, etc)	DOB	Address	Phone Number	Name of school or daycare for children

Was the child seen by CPT? Y or N If yes, date___________ *please upload CPT report in medical tab in FSFN

Was the family notified of your referral? ☐ Yes ☐ No Does this family need language services? ☐ Yes ☐ No

Reason for Referral (Prior Investigations and describe family's needs)

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IPT DATE:

Family Support Services
OF NORTH FLORIDA INC.

TIME:

Integrated Practice Team (IPT)

Complete all sections and email to Duval.PreservationIntake@fssnf.org
Or Nassau.PreservationIntake@fssnf.org

SECTION I

Case Information	
Case Name: Case ID: Intake Number: Intake Date: Previous IPT Dates:	Case Type: ☐ Substance Abuse ☐ Housing ☐ Domestic Violence ☐ Lockout ☐ Mental Health/Behavioral Concerns ☐ Adoptions ☐ Medical Neglect ☐ Other
Referring Party: Phone: Email:	
Has the case been or will the case be staffed by CPT? YES ☐ NO ☐ CPT Date: *Attach CPT Report in Submission*	
Child Protective Investigator: STEPS Worker: FAST Worker: Other Service Providers: *Please include contact information – email address preferred*	

SECTION II

Case Participants

(include children, parents and caregivers involved in the case)

NAME (CHECK THE BOX IF ATTENDING THE IPT)	RELATIONSHIP to Child	DOB	SSN	RACE/ GENDER	ADDRESS/ZIP/PHONE OR SCHOOL
☐					
☐					
☐					
☐					

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☐					

SECTION III

Description of Current Case, Family Needs, and IPT Goals
List/describe the family's service history

SECTION IV

Family Background

Prior Department History:	
Placement History:	
Criminal/DJJ History: ***Felony Convictions*** ☐	
Medical Concerns:	
Mental Health/Behavioral:	
Substance Abuse History:	
Sexual Abuse History:	
Domestic Violence History: ***Hubbard House Referral*** ☐	
Education History:	
Housing Needs: ***Evictions*** ☐ ***Income*** ☐	
Current public benefits received by household: (Medicaid, Food Stamps, TANF, WIC, Relative Caregiver Funds, SSI, etc.)	

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☐ Ongoing case management
(72 hour request)

☐ Safety Management
(24 hours to complete joint visit)

Submit referral by email to Duval.PreservationIntake@fssnf.org or Nassau.PreservationIntake@fssnf.org
*In email subject line, indicate "FAST Ongoing" or "Safety Management"

FAST REFERRAL INFORMATION

Referral Date:		Email & phone number of Referrer:	
Name and Title of Referrer:		Name & Email of Supervisor:	
FSFN Intake or Case #:		Number of Priors:	

CLIENT AND FAMILY INFORMATION: **Does this family need language services? ☐ Yes ☐ No**

Parent/Caregiver Name (include absent parents)	DOB	SS#	Race/Gender	Relationship to Child(ren)	Marital Status
1.					
2.					
3.					
4.					

Service Address:
Contact Numbers (include absent parent):

Child/Children's Name:	DOB	SS#	Race/Gender	School
1.				
2.				
3.				
4.				
5.				
6.				

☐ In Home Safety Plan ☐ Out of Home Safety Plan

If Out Of Home Safety Plan (enter information)	
Address:	Phone Number
Was an OPHA completed if Applicable? ☐ Yes __________ ☐ No__________	

Service Needs (Not the allegations; your assessment of the family condition)
*If a PFE is recommended, has the PFE been completed? ☐ Yes __________ ☐ No__________

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