



FAMILY CONFERENCE REFERRAL

FAX: (408) 793-8809

Referred by:		Job Title:		Referral Date:	
Social Worker's Name:			Worker #:	Phone:	Worker's email:
Next Court Date:	Type of Hearing:			Department:	
Case Name:			Case Number:		
Mother's Name:			Father's Name:		
Mother's Date of Birth:	Mother's SSN:		Father's Date of Birth:	Father's SSN:	
Please check service category					
<input type="checkbox"/> ER	<input type="checkbox"/> DI/ EI	<input type="checkbox"/> DI	<input type="checkbox"/> IFS	<input type="checkbox"/> VFM	<input type="checkbox"/> VFR
<input type="checkbox"/> IS	<input type="checkbox"/> FM	<input type="checkbox"/> FR C	<input type="checkbox"/> PP		

Is this an EMANCIPATION conference? YES NO

Have you discussed the possibility of a Family Conference with your supervisor? YES NO

Will your supervisor participate in the Family Conference? YES NO

Supervisor's Name: _____ Phone Number: _____

IS THE CHILD A DEPENDENT?	☐ YES ☐ NO		WHERE IS THE CHILD PLACED? (CHECK ONE OF THE FOLLOWING:)						
	DATE OF BIRTH	PETITION NUMBER	HOME	RELATIVE HOME	NREFM	FOSTER HOME	CCF	ESH	SHELTER
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the mother and/or father a CalWORKs participant? YES NO
Is this a "child only" receiving cash aid? YES NO
Is the family/youth eligible to receive Victim/Witness Funds? YES NO

(Call the Victim/Witness Desk: Julian – 975-5356; DI-369-4159; South County – 846-5034)

What brought this family to the attention of DFCS?

Is there a Court Appointed Child Advocate involved in this case? YES NO

Name & telephone number for the Child Advocate:

Name of the Deputy District Attorney assigned to this case:

Has the family already agreed to participate in a Family Conference? YES NO

What is the purpose of the Family Conference?

Does the family have any cultural and/or language needs that the facilitator should be aware of? YES NO

If yes, please explain below. What language does the family speak?

Identify 2 or more family strengths:

Use the space below to write additional information that would be helpful when planning this conference.

PERSONS TO BE INVITED TO THE CONFERENCE

Will the child(ren) be attending the Conference? Yes No

If this is an Emancipation Conference, please include whom the youth identifies as his/her "circle of support" (e.g., family, friend, counselor, and teacher).

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO CHILD(REN) OR PARENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

In addition to parents and family members, are there any other resource people, service providers or others who should be included (i.e. CASA, PHN, CalWORKs Employment Technician, ILP, therapist/counselor, Social Worker I, PSA, SOCIAL WORKER I, Foster Family, Faith Community, friend, informal supports, etc.)?

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO CHILD(REN) OR PARENTS
1.			
2.			
3.			