 **REFERRAL FOR CHILD FOCUSED RECRUITMENT**

When complete, please send to **Nexus-Kindred:**

Recruiter: Name email@nexuskindred.org / phone

Supervisor: Gretchen Welch gwelch@nexuskindred.org / 320-248-5656

 **Referring Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (Cell/Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*How do you prefer to be contacted?* [ ]  *Phone (cell or office?)* [ ]  *Email*

**Date of referral:**

|  |  |
| --- | --- |
| Child’s name (Full first name and last initial only) |  |
| Date of birth |  |
| [**For recruiter]** Date youth entered WWK program |  |

**Gender**

[ ]  Male

[ ]  Female

Does the youth identify as a gender other than their legally assigned gender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Race (Check all that apply)**

[ ]  Caucasian

[ ]  African American

[ ]  Asian

[ ]  Native American

 [ ]  ICWA Applies (Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  Hawaiian/Pacific Islander

[ ]  Other: Please describe: ­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hispanic**

[ ]  Yes

[ ]  No

**How many times has the child been removed from home, including the current removal?** \_\_\_\_\_\_\_

**When did the most recent removal take place?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When did the first removal take place?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of TPR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for entering the court system (check all that apply):**

[ ]  Neglect

[ ]  Medical neglect

[ ]  Domestic violence

[ ]  Psychological or emotional abuse

[ ]  Unable to care for child

[ ]  Physical abuse

[ ]  Abandonment

[ ]  Failure to return

[ ]  Caretaker’s alcohol use

[ ]  Caretaker’s drug use

[ ]  Child alcohol use

[ ]  Child drug use

[ ]  Prenatal alcohol exposure

[ ]  Prenatal drug exposure

[ ]  Diagnosed condition

[ ]  Inadequate access to mental health services

[ ]  Inadequate access to medical services

[ ]  Child behavior problem

[ ]  Death of caretaker

[ ]  Incarceration of caretaker

[ ]  Caretaker’s significant impairment – physical or emotional

[ ]  Caretaker’s significant impairment – cognitive

[ ]  Inadequate housing

[ ]  Child requested placement

[ ]  Sex trafficking

[ ]  Parental immigration detainment or deportation

[ ]  Family conflict related to child’s sexual orientation, gender identity, or gender expression

[ ]  Educational neglect

[ ]  Public agency title IV-E agreement

[ ]  Homelessness

[ ]  Sexual abuse

[ ]  Voluntary relinquishment for adoption

[ ]  Runaway

[ ]  Whereabouts unknown

[ ]  Cannot disclose

[ ]  Other (please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Number of placements between the most recent removal and the time of referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placement at the time the child entered the WWK program:**

[ ]  Family foster (relative)

[ ]  Family foster (non-relative)

[ ]  Runaway

[ ]  Trial home visit

[ ]  Institution

[ ]  Supervised independent living

[ ]  Group home

[ ]  Hospital

**Placement contact info (name, address, phone number, contact person):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If in a foster home, was the child placed directly by a public agency, or through a private agency?**

[ ]  Public

[ ]  Private (Agency Name/contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**What was the monthly or daily payment that the public child welfare agency provided the placement on behalf of this child at the time the child entered the WWK program? (Including admin rate if placed through a private agency)**

 $­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_ per [ ]  month [ ]  day

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**Was the child eligible for title IV-E foster care at the time the child entered the WWK program?**

[ ]  Yes

[ ]  No

**Will a family receive an adoption/guardianship subsidy on behalf of this child?**

[ ]  Yes

[ ]  No

**If yes, is the child eligible for title IV-E adoption/guardianship assistance?**

[ ]  Yes

[ ]  No

**Does the child have any health, behavioral or mental health conditions?**

[ ]  Intellectual disability

[ ]  Autism spectrum disorder

[ ]  Visual impairment and blindness

[ ]  Hearing impairment and deafness

[ ]  Orthopedic impairment or other physical condition

[ ]  Mental or emotional disorders

[ ]  Attention deficit hyperactivity disorder

[ ]  Serious mental disorders

[ ]  Development delay

[ ]  Developmental disabilities

[ ]  Other diagnosed condition (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the child had a failed adoption prior to coming on the WWK caseload?**

[ ]  Yes, pre-finalization

[ ]  Yes, post-finalization

[ ]  No

[ ]  Don’t know

**If yes, was the previous adoption through the WWK program?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

**Characterize past efforts to recruit for this child (check all that apply):**

[ ]  No past efforts

[ ]  Minimal – General/targeted

[ ]  Minimal – Child-specific

[ ]  Extensive – General/targeted

[ ]  Extensive – Child-specific

[ ]  Don’t know

**Does the child have any siblings?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling name | Custodial agency case ID number if still in care | Is sibling in the WWK program? | Does sibling live with the referred child? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other team member information:**

Name of School/Staff Contact:        Phone:        Email:

Guardian ad Litem:        Phone:        Email:

Child’s Attorney:        Phone:        Email:

Therapist:        Phone:        Email:

**Tell us more about the child:**

Thank you for taking the time to complete this referral so that we can determine how to best serve you and the youth’s recruitment needs. If you have any questions, please contact us using the contact information above.

The recruiter will be in contact within 48 hours to discuss the referral with you.

To most effectively serve this child(ren) we will need your assistance in obtaining the following documentation within two weeks of this referral:

* social/medical history
* most recent psychological evaluation
* relative/kinship search
* school records/IEP
* TPR order
* out of home placement plan
* CHIPS petition