ESI DIRECT FILE CHECK OFF LIST

CASE NAME: CPI:

Date of Intake: Intake #:

Type of Direct File Case: ☐ Shelter **with** ☐ Relative ☐ Non-Relative ☐ License

Required Documents Listed in 1st Column

☐ Service Planning Conference Checklist (all sections completed)   ☐ List of Pending Appointment

☐ Copy of Filed Dependency Petition   ☐ HIPPA

☐ UCCJEA   ☐ Any Pending Appointments

☐ Any Additional Court Orders   ☐ CLS Legal / Diversion staffing

☐ Witness List   ☐ Current Intake Report

☐ Diligent Search   ☐ Prior CSA / Abuse Reports

☐ ICWA   ☐ School Info (IEP, grades, attendance, ER contact info)

☐ TANF FORM   ☐ Injunctions

☐ Copy of current Chronological notes   ☐ Medical information

☐ Current Placement Info   ☐ Release of Information – Parents

☐ List of Potential Placement Options   ☐ CPT report or appointment

☐ Birth Verification for FL born children   ☐ Current ICSA

☐ Digitized Photo   ☐ Uploaded to FSFN

☐ Date of last Face to Face (FTF) HV w/ child (withing last 30 days prior to ESI)

☐ Local Criminal checks *or copies of pending checks.*

☐ Calls to Service *or copies of pending checks.*

☐ LE Reports *or copies of pending checks.*

☐ Psychotropic Medication info.

☐ Order for Psychotropic Medication or consent

FSFN INFORMATION NEEDED (All FSFN updates must be completed prior to submission of ESI Packets)

☐ FSFN ongoing case created   ☐ Case Name

☐ Case Type Updated   ☐ Family Structure

☐ FSFN Participant page / service roles   ☐ Case Address

☐ Legal status (CLS)   ☐ Educational info

☐ Relationship Screen in regards to ☐ Placement ☐ Living arrangement ☐ Service Reasons

☐ Basic Tab for **Each** Child / Adult Participant ☐ Primary Language ☐ Marital Status ☐ Ethnicity ☐ Gender ☐ DOB ☐ SSN

ADDITIONAL TAB: ☐ Person info ☐ Child's Parental info

IDENTIFICATION RECORD DATES ☐ Birth Verification ☐ Finger Prints ☐ Photos

☐ Child's Current Address   ☐ Disability / AFCARS

☐ Educational Record   ☐ Medical / Mental Health if applicable