|  |
| --- |
| **I. Staffing Information:** |
| **Date of Staffing:** |  |
| **Intake No.:** |  | **Referring Worker:** |
| **Date of Report:** |  |
| **Address of Family** |  |
| **Contact Number(s) for family:** |  |
| **Children:** | **D.O.B.:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **II. Parents/Caretakers:** | **Role:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **III: Allegations: (C*ut and paste from FSFN)*** |
|  |
| **IV. Background Information:** |  |
| **[ ]  FAMILY SUPPORT****[ ] PROTECTIVE ACTIONS** | **This box is to be complete by Permanency Team Facilitator Only.** |
| **Referral Source:****[ ]  CPI****[ ]  Community Provider (with CPI)****[ ]  Case Manager****[ ]  Hotline****[ ]  Provider (re-staff)****[ ]  Caregiver (re-open)****Initial Referral Date:** | **Risk Level (from CSA)****[ ]  Low****[ ]  Medium****[ ]  High** | **Opening****Risk Level****[ ]  Low****[ ]  Medium****[ ]  High** | **Initial Service Reason****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Secondary Service Reason****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **V. Staffing Notes:**  |
|  |

|  |
| --- |
| **VI. Recommendation: *(Service 1)*** |
| **Action:****[ ]  Divert to provider****[ ]  Not Diverted****[ ]  Staffing rescheduled****[ ]  Re-Staff to same provider****[ ]  Re-staff to different provider****[ ]  Re-Staff to dependency****[ ]  Close Diversion Case****[ ]  Re-Open to Protective Services** | **Is a Joint Visit needed:****[ ]  Yes****[ ]  No****If yes, date:****\_\_\_\_\_\_\_\_\_\_** | **Referral to:****[ ]  CARE****[ ]  CRT-Centers****[ ]  CRT-CHS****[ ]  Devereux R/O****[ ]  Devereux****[ ]  FTC****[ ]  HOPE****[ ]  Nurturing****[ ]  Other:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Service Requested:****[ ]  Financial****[ ]  Family Team Conferencing****[ ]  Parenting****[ ]  Referral & Linkage to Service****[ ]  Substance Abuse****[ ]  Domestic Violence****[ ]  Mental Health****[ ]  Other:****­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****­­Date of Referral: \_\_\_\_\_\_\_\_\_** |
| **Recommendation: *(Service 2)*** |
| **Action:****[ ]  Divert to provider****[ ]  Not Diverted****[ ]  Staffing rescheduled****[ ]  Re-Staff to same provider****[ ]  Re-staff to different provider****[ ]  Re-Staff to dependency****[ ]  Close Diversion Case****[ ]  Re-Open to Protective Services** | **Is a Joint Visit needed:****[ ]  Yes****[ ]  No****If yes, date:****\_\_\_\_\_\_\_\_\_\_** | **Referral to:****[ ]  CARE****[ ]  CRT-Centers****[ ]  CRT-CHS****[ ]  Devereux R/O****[ ]  Devereux****[ ]  FTC****[ ]  HOPE****[ ]  Nurturing****[ ]  Other:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Service Requested:****[ ]  Financial****[ ]  Family Team Conferencing****[ ]  Parenting****[ ]  Referral & Linkage to Service****[ ]  Substance Abuse****[ ]  Domestic Violence****[ ]  Mental Health****[ ]  Other:****­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****­­Date of Referral: \_\_\_\_\_\_\_\_\_** |
| **Recommendation: *(Service 3)*** |
| **Action:****[ ]  Divert to provider****[ ]  Not Diverted****[ ]  Staffing rescheduled****[ ]  Re-Staff to same provider****[ ]  Re-staff to different provider****[ ]  Re-Staff to dependency****[ ]  Close Diversion Case****[ ]  Re-Open to Protective Services** | **Is a Joint Visit needed:****[ ]  Yes****[ ]  No****If yes, date:****\_\_\_\_\_\_\_\_\_\_** | **Referral to:****[ ]  CARE****[ ]  CRT-Centers****[ ]  CRT-CHS****[ ]  Devereux R/O****[ ]  Devereux****[ ]  FTC****[ ]  HOPE****[ ]  Nurturing****[ ]  Other:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Service Requested:****[ ]  Financial****[ ]  Family Team Conferencing****[ ]  Parenting****[ ]  Referral & Linkage to Service****[ ]  Substance Abuse****[ ]  Domestic Violence****[ ]  Mental Health****[ ]  Other:****­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****­­Date of Referral: \_\_\_\_\_\_\_\_\_** |

**Signatures of Attendees:**

***Confidentiality Notice:*** *The information discussed in this staffing and included on the staffing form is confidential and solely intended for the individuals or entity present. Any unauthorized review, use, disclosure, or distribution of this information is prohibited. A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained herein is subject to the penalty provisions of the Florida Statues.*

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

Kids Central Inc. Permanency Team Facilitator Child Protective Investigation Supervisor

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

Child Protective Investigator Crisis Response Team

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

CARE Network Devereux

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

Family Team Coaching HOPE

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

Nurturing Other

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

Other Other

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

Other Other

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

Other Other