

CPS or At-Risk Referral Form

Current Caregiver/Parent		
First Name:	M.I.	Last Name:
Phone number:		Email:
Street Address:		City: Zip Code:

All other adults in the household (Age 18 & older).		
First Name:	Last Name:	Relationship to Child(ren):
First Name:	Last Name:	Relationship to Child(ren):

Child(ren) Information – Child(ren) being referred by Child Protective Services					
First Name	Last Name	Date of Birth	Days of the Week Child Care Needed	* Hours Child Care Needed (school days)	* Hours of Child Care Needed (non-school days)

*include travel time

The child(ren) listed above is/are (please check one):

- Receiving child protective services. Child care and development services are a necessary component of the child protective service plan.
- At risk of abuse, neglect, and/or exploitation. Child care and development services are needed to reduce or eliminate that risk.

Please describe the family's situation & case plan:

Probable duration of the case plan or the at-risk situation: (maximum of 12 months from Start Date)	Start Date: _____	End Date: _____
Do you recommend that any applicable family fee be waived?	YES	NO

REFERRING PROFESSIONAL CONTACT INFORMATION		
Name (please print first and last name):		Title/License Number (if applicable):
Phone Number:	Email:	County:
Signature:		Date:

Return by Fax to (888) 293-1613 or by Email to Robyn Fratessa at rfratessa@placercoe.org.