Referring County:       Host County:

Next Court Date:       Type of Hearing:

Case Name:       Case Number:       Today’s Date:

2nd request:

**SECTION 1 – POTENTIAL RESOURCE FAMILY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANTS** | | | | | **CLETS/CACI/CWS Checks Completed for ER Placement** | **Name and Date of Background Cleared By** |
| Primary Applicant Name: | | DOB:  SSN:  CDL/ID: | | **Previous exemption?**  Y  N | Y  N  N/A |  |
| Relationship to placement children: | | Language: | |
| Street Address: | | City: | |
| Zip Code: | | Phone: | |
| Secondary Applicant Name: | | DOB:  SSN:  CDL/ID: | | **Previous exemption?**  Y  N | Y  N  N/A |  |
| Relationship to placement children: | | Phone: | |
| **OTHER ADULTS IN THE HOME OR WITH REGULAR CONTACT** | | | | **Previous Exemption** | **CLETS/CACI/CWS Checks Completed for ER Placement** | **Name and Date of Background Cleared By** |
| Name | DOB & SSN & CDL/ID: | | Relationship to child |
|  |  | |  | Y  N | Y  N  N/A |  |
|  |  | |  | Y  N | Y  N  N/A |  |
|  |  | |  | Y  N | Y  N  N/A |  |
|  |  | |  | Y  N | Y  N  N/A |  |
|  |  | |  | Y  N | Y  N  N/A |  |
| **OTHER CHILDREN IN THE HOME** | | | | | | |
| Name | Gender (M/F) | | DOB | Relationship to child being placed | | |
|  |  | |  |  | | |
|  |  | |  |  | | |
|  |  | |  |  | | |
|  |  | |  |  | | |
|  |  | |  |  | | |

**SECTION 2 – CHILD(REN) TO BE PLACED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Gender (M/F)** | **DOB** | **Emergency Placement Completed?\*** | **Date of ER Placement (if applicable)** | **Anticipated Placement Date** |
|  |  |  | **Y** **N** |  |  |
|  |  |  | **Y N** |  |  |
|  |  |  | **Y N** |  |  |
|  |  |  | **Y N** |  |  |
|  |  |  | **Y N** |  |  |
|  |  |  | **Y N** |  |  |

**\*If a child(ren) is/are placed on an emergency basis, the RFA Out of County Assessment Request must be submitted to the receiving county within 10 business days of the emergency placement.**

|  |
| --- |
| **Characteristics of Child(ren) to be Placed** (reason for removal, behavioral, medical, intellectual disabilities, or any other pertinent information to be assessed during the RFA process)**:** |

**SECTION 3 – SENDING COUNTY INFORMATION**

|  |  |
| --- | --- |
| Social Worker: | Phone: |
| E-mail: | Fax: |
| Supervisor: | Phone: |
| E-mail: | Fax: |
| Documents included (if applicable – these forms are NOT required to send the request)  RFA01A: Y N  RFA02: Y N  RFA03: Y N  County Specific Referral: Y N  Other (please type information): | |
| Additional Comments: | |