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:       |