## RFA OUT OF COUNTY ASSESSMENT REQUEST



Type of Request: (check one)  Emergency Safety Assessment Request (Initial) Child placed date: No child placed Placing County:  OOC Approval POC Email:  SECTION 1 – POTENTIAL RESOURCE F	☐ Reopen Request Previous request  Host County:	est	PAPPROVAL
Applicant 1			
Last Name:	DOB:	Potential	Cleared By:
First Name:	SSN:	Exemption Needed	First Name
Middle Name:	CDL/ID:	Needed	Last Name
Phone Number:		Yes	Lastiname
Email:		│ □ <sub>No</sub>	Date
Relationship to Child/ren:			
Applicant 2			
Last Name:	DOB:	Potential	Cleared By:
First Name:	SSN:	Exemption Needed	First Name
Middle Name:	CDL/ID:	Needed	
Phone Number:		Yes Yes	Last Name
Email:		☐ No	
Relationship to Child/ren:			Date
Home Information:			
Primary Language:	City :	Zin Cada:	
Address: Alerts if known (Gated Community, weapon, p		Zip Code:	
Other Adults In The Home Or Re	<u> </u>		0 10
Last Name:	DOB:	Potential Exemption	Cleared By: First Name
First Name:	SSN:	Needed	riistiname
Middle Name:	CDL/ID:		Last Name
Relationship to Child/ren:		Yes	Data
		∐No	Date:
1 (1)	DOD	Dotontial	Closred Pre
Last Name:	DOB:	Potential Exemption	Cleared By: First Name
First Name:	SSN:	Needed	
Middle Name:	CDL/ID:		Last Name
Relationship to Child/ren:		Yes No	Date:

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## RFA OUT OF COUNTY ASSESSMENT REQUEST



Child / NMD Name    DOB   Gender   Emergency   Placement   Placement   Completed?   Placement   Completed?   Placement   Place	Nama		DOB	Gender /	Relationship to Ch	nild/ren to be
Child / NMD Name    DOB   Gender   Gender   Gender   Gender   Completed?   Placement   Placement   Placement   Placement   Placement   Completed?   Placement   Placement   Placement   Placement   Placement   Completed?   Placement   P	Name		DOB	Gender Identity		
Child / NMD Name    DOB   Gender   Gender   Gender   Gender   Completed?   Placement   Pla						
Child / NMD Name  DOB  Gender Identity  Placement Completed?  Placement (if applicable)  Placement (if						
Child / NMD Name    DOB   Gender   Gend						
Child / NMD Name  DOB  Gender Identity  Placement Completed?  Placement (if applicable)  Placement (if	CTION 2 – CHILD(REN) T	O BE PLA	CED			
Child / NMD Name    DOB   Gender Identity   Completed?   applicable)   Date			Gender /			Anticipate
CTION 3 – SENDING COUNTY INFORMATION    Case   RFA   Phone:   Case   RFA   Phone:   Cell:   Email:   Case   RFA   Phone:   Cell:   Email:   Email:	Child / NMD Name	DOB				
Child(ren) is/are placed on an emergency basis, the RFA Out of County Assessment Request shall be mitted to the receiving county within 10 business days of the emergency placement. Characteristics of Child(ren) to be Placed, if known (behavioral, medical, intellectual disabilities, or any ther pertinent information to be assessed during the RFA process):  CTION 3 – SENDING COUNTY INFORMATION  Incial Worker: Case RFA Phone: Cell:  Email:  Incomparison of County Assessment Request shall be mitted to the receiving county within 10 business days of the emergency placement.  Characteristics of Child(ren) to be Placed, if known (behavioral, medical, intellectual disabilities, or any therefore pertinent information to be assessed during the RFA process):				Yes No		
CTION 3 – SENDING COUNTY INFORMATION    Case   RFA   Phone:   Email:   Emai						
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CTION 3 – SENDING COUNTY INFORMATION    Colicial Worker:   Case   RFA   Phone:   Email:   Ema						
Email:  pervisor: Case RFA Phone: Cell:  Email:	nitted to the receiving cour haracteristics of Child(re	ty within 10 n) to be Pl	business of aced, if known	Yes No  RFA Out of Countains of the emerger  No  No  No  No  No  No  No  No  No  N	ncy placement.	
upervisor: Case RFA Phone: Cell: Email:	mitted to the receiving cour Characteristics of Child(re ther pertinent information to be	en) to be Pl assessed du	D business of aced, if knowning the RFA	Yes No  e RFA Out of Countarys of the emerger  Dwn (behavioral, merocess):	ncy placement.	
	characteristics of Child(resther pertinent information to be considered as a second considered cons	unty within 10 hassessed du	D business of aced, if knowning the RFA  ORMATION  e:	Yes No  e RFA Out of Countarys of the emerger  Dwn (behavioral, merocess):	ncy placement. dical, intellectual disab	
comments / Additional Information:	CTION 3 – SENDING CO	unty within 10 in) to be Pl assessed du	D business of aced, if knowing the RFA  ORMATION  e:	Yes No  e RFA Out of Countarys of the emerger  Dwn (behavioral, merocess):	ncy placement.  dical, intellectual disab	
	CTION 3 – SENDING CO	UNTY INFO	Obusiness of aced, if knowing the RFA  ORMATION e: b: e:	Yes No  e RFA Out of Countarys of the emerger  Dwn (behavioral, merocess):	ncy placement.  dical, intellectual disab	
	CTION 3 – SENDING CO  Cial Worker:   Case   RE  Case   RE	UNTY INFO	Obusiness of aced, if knowing the RFA  ORMATION e: b: e:	Yes No  e RFA Out of Countarys of the emerger  Dwn (behavioral, merocess):	ncy placement.  dical, intellectual disab	

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