

RFA OUT OF COUNTY ASSESSMENT REQUEST



Type of Request: (check one)

☐ **Emergency Safety Assessment Request**

☐ **RFA Assessment Request (Initial)**

☐ Child placed date:

☐ No child placed

Date of Request:

☐ **Reopen Request**

Previous request date(s):

Placing County:

Host County:

OOA Approval POC Email:

SECTION 1 – POTENTIAL RESOURCE FAMILY

Applicant 1			
Last Name:	DOB:	Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared By: First Name
First Name:	SSN:		Last Name
Middle Name:	CDL/ID:		
Phone Number:			
Email:			
Relationship to Child/ren:			
Applicant 2			
Last Name:	DOB:	Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared By: First Name
First Name:	SSN:		Last Name
Middle Name:	CDL/ID:		
Phone Number:			
Email:			
Relationship to Child/ren:			
Home Information:			
Primary Language:			
Address:		City:	Zip Code:
Alerts if known (Gated Community, weapon, pool, large dogs, etc):			
Other Adults In The Home Or Regularly Present			
Last Name:	DOB:	Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared By: First Name
First Name:	SSN:		Last Name
Middle Name:	CDL/ID:		
Relationship to Child/ren:			
Last Name:	DOB:	Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleared By: First Name
First Name:	SSN:		Last Name
Middle Name:	CDL/ID:		
Relationship to Child/ren:			

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Other Children in the Home			
Name	DOB	Gender / Gender Identity	Relationship to Child/ren to be Placed

SECTION 2 – CHILD(REN) TO BE PLACED

Child / NMD Name	DOB	Gender / Gender Identity	Emergency Placement Completed?	Date of ER Placement (if applicable)	Anticipated Placement Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

***If a child(ren) is/are placed on an emergency basis, the RFA Out of County Assessment Request shall be submitted 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 other pertinent information to be assessed during the RFA process):

SECTION 3 – SENDING COUNTY INFORMATION

Social Worker: <input type="checkbox"/> Case <input type="checkbox"/> RFA	Phone: Email:	Cell:
Supervisor: <input type="checkbox"/> Case <input type="checkbox"/> RFA	Phone: Email:	Cell:

Comments / Additional Information:
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