

RFA OUT OF COUNTY ASSESSMENT REQUEST

Referring County:

Host County:

Today's Date:

Next Court Date:

Type of Hearing:

Case Name:

Case Number:

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:	Previous exemption?		<input type="checkbox"/> Y	
Relationship to placement children:	Language:	<input type="checkbox"/> Y		<input type="checkbox"/> N	
Street Address:	City:	<input type="checkbox"/> N		<input type="checkbox"/> N/A	
Zip Code:	Phone:				
Secondary Applicant Name:	DOB:	Previous exemption?		<input type="checkbox"/> Y	
Relationship to placement children:	Phone:	<input type="checkbox"/> Y		<input type="checkbox"/> N	
		<input type="checkbox"/> N		<input type="checkbox"/> N/A	
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	Relationship to child	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Other children in the home					
Name	Gender (M/F)	DOB	Relationship to child being placed		

RFA OUT OF COUNTY ASSESSMENT REQUEST

SECTION 2 – Child(ren) to be placed

Name	Gender (M/F)	DOB	Emergency Placement Completed?	Date of ER Placement	Anticipated Placement Date
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		

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 <input type="checkbox"/> N <input type="checkbox"/>	
RFA02: Y <input type="checkbox"/> N <input type="checkbox"/>	
RFA03: Y <input type="checkbox"/> N <input type="checkbox"/>	
County Specific Referral: Y <input type="checkbox"/> N <input type="checkbox"/>	
Other (please type information):	
Additional Comments:	