 **REFERRAL FOR CHILD FOCUSED RECRUITMENT**

When complete, please send to **Nexus-Kindred:**

Recruiter: Name email@nexuskindred.org / phone

Supervisor: Gretchen Welch [gwelch@nexuskindred.org](mailto:gwelch@nexuskindred.org) / 320-248-5656

**Referring Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (Cell/Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*How do you prefer to be contacted?  Phone (cell or office?)  Email*

**Date of referral:**

|  |  |
| --- | --- |
| Child’s name (Full first name and last initial only) |  |
| Date of birth |  |
| [**For recruiter]** Date youth entered WWK program |  |

**Gender**

Male

Female

Does the youth identify as a gender other than their legally assigned gender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Race (Check all that apply)**

Caucasian

African American

Asian

Native American

ICWA Applies (Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Hawaiian/Pacific Islander

Other: Please describe: ­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hispanic**

Yes

No

**How many times has the child been removed from home, including the current removal?** \_\_\_\_\_\_\_

**When did the most recent removal take place?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When did the first removal take place?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of TPR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for entering the court system (check all that apply):**

Neglect

Medical neglect

Domestic violence

Psychological or emotional abuse

Unable to care for child

Physical abuse

Abandonment

Failure to return

Caretaker’s alcohol use

Caretaker’s drug use

Child alcohol use

Child drug use

Prenatal alcohol exposure

Prenatal drug exposure

Diagnosed condition

Inadequate access to mental health services

Inadequate access to medical services

Child behavior problem

Death of caretaker

Incarceration of caretaker

Caretaker’s significant impairment – physical or emotional

Caretaker’s significant impairment – cognitive

Inadequate housing

Child requested placement

Sex trafficking

Parental immigration detainment or deportation

Family conflict related to child’s sexual orientation, gender identity, or gender expression

Educational neglect

Public agency title IV-E agreement

Homelessness

Sexual abuse

Voluntary relinquishment for adoption

Runaway

Whereabouts unknown

Cannot disclose

Other (please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Number of placements between the most recent removal and the time of referral:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placement at the time the child entered the WWK program:**

Family foster (relative)

Family foster (non-relative)

Runaway

Trial home visit

Institution

Supervised independent living

Group home

Hospital

**Placement contact info (name, address, phone number, contact person):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If in a foster home, was the child placed directly by a public agency, or through a private agency?**

Public

Private (Agency Name/contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**What was the monthly or daily payment that the public child welfare agency provided the placement on behalf of this child at the time the child entered the WWK program? (Including admin rate if placed through a private agency)**

$­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_ per  month  day

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**Was the child eligible for title IV-E foster care at the time the child entered the WWK program?**

Yes

No

**Will a family receive an adoption/guardianship subsidy on behalf of this child?**

Yes

No

**If yes, is the child eligible for title IV-E adoption/guardianship assistance?**

Yes

No

**Does the child have any health, behavioral or mental health conditions?**

Intellectual disability

Autism spectrum disorder

Visual impairment and blindness

Hearing impairment and deafness

Orthopedic impairment or other physical condition

Mental or emotional disorders

Attention deficit hyperactivity disorder

Serious mental disorders

Development delay

Developmental disabilities

Other diagnosed condition (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the child had a failed adoption prior to coming on the WWK caseload?**

Yes, pre-finalization

Yes, post-finalization

No

Don’t know

**If yes, was the previous adoption through the WWK program?**

Yes

No

Don’t know

**Characterize past efforts to recruit for this child (check all that apply):**

No past efforts

Minimal – General/targeted

Minimal – Child-specific

Extensive – General/targeted

Extensive – Child-specific

Don’t know

**Does the child have any siblings?**

Yes

No

Don’t know

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling name | Custodial agency case ID number if still in care | Is sibling in the WWK program? | Does sibling live with the referred child? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other team member information:**

Name of School/Staff Contact:        Phone:        Email:

Guardian ad Litem:        Phone:        Email:

Child’s Attorney:        Phone:        Email:

Therapist:        Phone:        Email:

**Tell us more about the child:**

Thank you for taking the time to complete this referral so that we can determine how to best serve you and the youth’s recruitment needs. If you have any questions, please contact us using the contact information above.

The recruiter will be in contact within 48 hours to discuss the referral with you.

To most effectively serve this child(ren) we will need your assistance in obtaining the following documentation within two weeks of this referral:

* social/medical history
* most recent psychological evaluation
* relative/kinship search
* school records/IEP
* TPR order
* out of home placement plan
* CHIPS petition