## Connecticut Department of Children and Families INTIMATE PARTNER VIOLENCE – FAMILY ASSESSMENT INTERVENTION RESPONSE REFERRAL FORM DCF-1101



9/18 (New) Page 1 of 3

Referral Date:			Agency:									
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LAST Name: FIRST Name;						R INFORMATION						
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Office:						Phone Number:						
_	DOE 088 10	D.4			REFERRA	L SOURCE						
<del></del>	DCF / CPS DCF Office or / CPA											
□ CSF/CPA												
Social or Communi	ty Support Worker L	AST Nar	ST Name: Worker FIRST Name:			E-mail:			Phone Number:			
Social Work Super	visor LAST Name		SWS FIRST Name:			E-mail:			Phone Number:			
Social Work Super	visor Exist ivame.		SWST IKST Name.			L maii.			Thore Number.			
	R / ADU							R / ADULT #2				
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Work Phone:	Cell Phone:				Work Phone:			Cell Phone:				
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Primary Language:		Secondary Language:				Primary Language:			Secondary Language:			
Release of Information Attached?:			Relationship:				Release of Information Attached?:			Relationship:		
_	Total and the second se											
Yes No						Yes No						
Address: (No. and Street):						City:			State	:	Zip:	
CHILD #1						CHILD #2						
LAST Name:		FIRST Name			M.	LAST Name:			FIRST Name		M.	
DOB: LINK#:		Gende	Gender:				DOB: LINK#:			Gender:		
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i iiiiai y Languaye.			Currently Living in the Home?:			· · · · · · · · · · · · · · · · · · ·	guago.			Currently Living in the Home?:		
				☐ Yes	☐ No				☐ Yes ☐ No			

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	CHI		CHILD #4									
		FIRST Name		M.	LAST Name:	AST Name:		Name	M.			
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, , ,			Currently Living i		, , ,		Currently Living in the Home?:					
			☐ Yes	☐ No				☐ Yes ☐ No				
			PROTECTIVE AND COURT ORDERS									
Comment Durate att	/Dt!! O!	If	If yes, list Protected Person(s): Name of Identified Offender:									
	/e/Restraining Orde	rs:										
☐ Y€	es 🗌 No											
		If ·	If yes, provide additional information:									
Prior Protective	e/Restraining Order	s: "	in 300/ provide additional information.									
	es 🗌 No											
		le .										
Current	Court Orders:	"	If yes, provide additional information:									
☐ Yes ☐ No												
PROTECTIVE AND COURT ORDERS												
Current Situation:	(If applicable includ	e: Incid	lent of IPV, impact of	on children, sa	fety planning/efforts	to protect children, su	ubstance	use, mental healt	h issues,			
		ai invoiv	ement, criminai nist	ory, and/or an	y risk factors that ma	y impact family and/	or worker	sarety, ramily fur	ictioning or			
Service delivery etc	service delivery etc.).											
Historiaal Infa	tion. (If onnline his !	مماريط م	Drior DCE involver	ont prior IDV	00m/1000 mmlar 20111-	anno uno trantmant -	nd ross:	one unaddrassl	Idoptifical			
needs, supports, et	i <b>tion: (</b> if applicable i	nciuae: i	Prior DCF involvem	ent, prior iPV	services, prior substa	ance use treatment a	na recove	ery, unaddressed	identified			
necus, supports, et	10.7.											

## INTIMATE PARTNER VIOLENCE - FAMILY ASSESSMENT INTERVENTION RESPONSE REFERRAL FORM DCF-1101



**CURRENT AND PREVIOUS TREATMENT PROVIDERS** Type Provider **Contact Person** Phone # Dates of Service FAMILY STRENGTHS AND NEEDS Family Strengths and Supports: Family Needs: Is family appropriate for *Fathers for Change*? Yes ☐ No If yes, complete Fathers for Change referral form Additional Information and Considerations: