Connecticut Department of Children and Families

INTIMATE PARTNER VIOLENCE – FAMILY ASSESSMENT INTERVENTION RESPONSE REFERRAL FORM

DCF-1101

9/18 (New)

Referral Date:	Agency:

GATEKEEPER INFORMATION

LAST Name:	FIRST Name;	E-mail:
Office:		Phone Number:

REFERRAL SOURCE

☐ DCF / CPS ☐ CSF / CPA	DCF Office or / CPA		
Social or Community Support Worker LAST Name:	Worker FIRST Name:	E-mail:	Phone Number:
Social Work Supervisor LAST Name:	SWS FIRST Name:	E-mail:	Phone Number:

CARETAKER / ADULT #1				CARETAKER / ADULT #2			
LAST Name:		FIRST Name	M.	LAST Name:		FIRST Name	M.
DOB:	LINK#:	Gender:		DOB:	LINK#:	Gender:	
Race:		Ethnicity		Race:		Ethnicity	
Work Phone:		Cell Phone:		Work Phone:		Cell Phone:	
Primary Language:		Secondary Language:		Primary Language:		Secondary Language:	
Release of Information Attached?: ☐ Yes ☐ No		Relationship:		Release of Information Attached?: ☐ Yes ☐ No		Relationship:	
Address: (No. and Street):				City:		State:	Zip:

CHILD #1				CHILD #2			
LAST Name:		FIRST Name	M.	LAST Name:		FIRST Name	M.
DOB:	LINK#:	Gender:		DOB:	LINK#:	Gender:	
Race:		Ethnicity		Race:		Ethnicity	
Primary Language:		Currently Living in the Home?: ☐ Yes ☐ No		Primary Language:		Currently Living in the Home?: ☐ Yes ☐ No	

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CHILD #3				CHILD #4			
LAST Name:		FIRST Name	M.	LAST Name:		FIRST Name	M.
DOB:	LINK#:	Gender:		DOB:	LINK#:	Gender:	
Race:		Ethnicity		Race:		Ethnicity	
Primary Language:		Currently Living in the Home?: ☐ Yes ☐ No		Primary Language:		Currently Living in the Home?: ☐ Yes ☐ No	

PROTECTIVE AND COURT ORDERS		
Current Protective/Restraining Orders: ☐ Yes ☐ No	If yes, list Protected Person(s):	Name of Identified Offender:
Prior Protective/Restraining Orders: ☐ Yes ☐ No	If yes, provide additional information:	
Current Court Orders: ☐ Yes ☐ No	If yes, provide additional information:	

PROTECTIVE AND COURT ORDERS
Current Situation: (If applicable include: Incident of IPV, impact on children, safety planning/efforts to protect children, substance use, mental health issues, physical/cognitive limitations, Police/legal involvement, criminal history, and/or any risk factors that may impact family and/or worker safety, family functioning or service delivery etc.).
Historical Information: (If applicable include: Prior DCF involvement, prior IPV services, prior substance use treatment and recovery, unaddressed identified needs, supports, etc.).

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: