

WENDY'S WONDERFUL KIDS REFERRAL

DCF-333

1/19 (New)



Date of Referral:	Child's LAST Name:	Child's FIRST Name:	M:	LINK #	PID#
Child's DOB:	Child's Race:	Child's Ethnicity:	Child's Gender/Identity:		
DCF Area Office:					
DCF SW LAST Name:	DCF SW FIRST Name:	SW E-mail:	Work Phone:		
DCF SWS LAST Name:	DCF SWS FIRST Name:	SWS E-mail:	Work Phone:		
Current Legal Status: <input type="checkbox"/> Committed <input type="checkbox"/> Dual Commitment <input type="checkbox"/> TPR If TPR is Filed, please note filing date:		TPR Date of Mother:	TPR Date of Father:	TPR Date of Guardian:	
Permanency Plan <input type="checkbox"/> Adoption <input type="checkbox"/> OPPLA <input type="checkbox"/> TOG/STOG <input type="checkbox"/> Reunification (Must be SIGNIFICANTLY poor prognosis)					
Concurrent Plan: <input type="checkbox"/> Adoption <input type="checkbox"/> OPPLA <input type="checkbox"/> TOG/STOG					
Is this child part of a sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, are permanency services for siblings being requested at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Placement Name:			Is Placement a permanency resource? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Placement Address: (No. and Street):		City	State	Zip	
Will DCF team members support a placement change if a permanent resource is identified by WWK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the child/youth have a connection with a biological parent or another significant adult?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes how frequent is the contact?:			Is contact consistent?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the youth projected to age out within six (6) months of this referral?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any of the following permanency services involved?: <input type="checkbox"/> TFC <input type="checkbox"/> FTC <input type="checkbox"/> PPSP <input type="checkbox"/> AAP <input type="checkbox"/> Other:					
All referrals must be discussed with PRE Regional Liaison prior to submission. Please note consultation date:					
Comments:					
Completed referrals should be sent (via e-mail) to:			THIS SECTION FOR C.O. USE ONLY		
Anne Marie Stonoha Department of Children and Families Annemarie.stonoha@ct.gov Phone: 860-550-6582			Date E-mailed to WWK:		
			Date Assigned:		
			WWK Recruiter Name:		