



## Self-Referral Information

<b>Referral Date:</b>	<b>Name:</b>
<b>If active DCFS case</b> WILL NEED RELEASE OF INFORMATION TO SPEAK TO DCFS WORKER	<b>Referral Source Worker:</b>
<b>If no active DCFS case:</b>	Make sure they know there is a waitlist and provide other agencies as options as well

### Family Information:

<b>Adult:</b>	<b>D.O.B.</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>City/ZIP:</b>	<b>Martial Status:</b>

Does the client currently reside in household with another adult in need of parenting services? If so, name, phone number, relation to case.



<b>Child #1:</b>	<b>Child #2:</b>	<b>Child #3:</b>	<b>Child #4:</b>
<b>D.O.B.</b>	<b>D.O.B.</b>	<b>D.O.B.</b>	<b>D.O.B.</b>

**Please list any additional children below:**

**Are the children in the home, in foster care, or with a kinship placement?**

**Brief Summary (Reason for DCFS involvement):**