

Intensive In-home/ Intensive Family Reunification Referral

Date:

Family Name:

Case#:

FCS/AC:

Referral Source (CD, JO, etc.):

Circuit:

Is this **IIS or IFRS**?

Household members:

Current Address:

Is this a Resource home? Name:

Social Service Specialist:

Threat of Harm (Reason for the referral):

Safety goal (issues to address/services to be provided):

Team's recommendation:

EXISTING SAFETY: (services already in place, safety network etc.):

Email Referral Form to: KVCMO_IIS-IFRS_Referrals@kvc.org