

REQUEST FOR SERVICE

Date of receipt:	/_	/	
Child First Staff In	itials:		

CHILD INFORMATION	ON:						
Name (First / Last):			DOB: _	/	/	Age: _	
Gender:	□ M □ F □ unkno	wn					
Racial Origin: (check one)	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African-American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other						
Hispanic Origin:	☐ Hispanic ☐ Non-	-Hispanic					
Client Insurance	☐ Husky A ☐ Hus	ky B 🔲 Private			□ U	Inknown	■ None
CAREGIVER INFOR	RMATION - Person(s)	with whom child re	esides:				
1st Caregiver Name	:		Age: _		_ Gende	er: 🛭 Male	□ Female
Relation to child: ☐ biological parent ☐ adoptive parent ☐ foster pa				lative		☐ other _	· · · · · · · · · · · · · · · · · · ·
2 nd Caregiver Name (optional):			Age: _		_ Gende	er: 🗖 Male	☐ Female
Relation to child: ☐ biological parent ☐ adoptive parent ☐							
Street address:			Town/State/Zip:				
Phone: (check preferred #) Home □: Mobile			Mobile □:		Work □:		
Best times to contact: ☐ 7-9am ☐ 9-12pm ☐ 12-5pm ☐ 6-9pm Email address:							
Is this the child's legal guardian? □ Y □ N □ unknown If no, name of legal guardian:							
Legal guardian contact information:							
Days & Hours avail	able for services: 🗖 🛚	M □T □W □Th	□F // □ 8 am -	- noon	□ noon	– 4 pm 〔	□ 4-7 pm
Is English spoken fluently by caregiver/guardian? ☐ yes ☐ no ☐ unknown Primary language:							
Is English spoken f	fluently by caregiver/g	guardian? 🛚 yes	lacksquare no $lacksquare$ unknown	Primary	/ languaç	ge:	
	fluently by caregiver/ç iver's permission to r	-		_			
Do you have careg		nake referral?	yes 🗆 no If yes,	□ writt	en □ ve	erbal 🖵 bo	oth
Do you have careging Has family previous Does child/family h	iver's permission to r	nake referral? nild First? yes volvement?	yes □ no If yes, □ no □ unknowr none □ yes, pres	□ written If yes	en □ ve , when? □ yes, pa	erbal 🗖 bo	oth ————————————————————————————————————
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REFERRAL INFORMATION Please describe the concerns that have led to this referral: Please also indicate if referral is urgent and why. If DCF referral, please indicate status and goals.						
Reasons for Referral: (Check all that ap ☐ Basic needs (e.g., housing, heat, food, TANF, SNAP, HUSKY) ☐ Child developmental/educational concerns ☐ Child behavioral/emotional concerns ☐ Child exposure to violence	ply) ☐ Child abuse/neglect ☐ Risk of child out-of-home placement ☐ Risk of child expulsion from school ☐ Risk of family eviction ☐ Major child/family health concerns	☐ Parent/caregiver mental health ☐ Parent/caregiver substance abuse ☐ Parent support and education needs ☐ Service coordination needs ☐ Other (please specify):				
Other Services/Agencies Currently Invo Birth to Three Court personnel Dept of Children and Families (DCF) DCF – Home-based service (IFP, FBR, IICAPS, FES-Triple P, Caregiver Support Team, other DCF – Care Coordination Dept of Developmental Services (DDS) Dept of Social Services (DSS) Dept Mental Health & Addiction Serv (DMHAS) Domestic violence agency or shelter	Ived with Child/Family: (Check and ci Early Childhood Consultation Partnership (ECCP) Early childhood education/childcare Emergency Mobile Psychiatric Service (EMPS) Faith based organization Family resource & support center Health Department (WIC, Healthy Start) Health provider – adult Health provider – pediatric Help Me Grow	rcle program if appropriate) Home visiting (Nurturing Family, PAT, EHS, NFP) Hospital – Emergency Room (ER) Hospital – Obstetrics Mental health provider - adult Mental health provider - child Regional Education Service Center (RESC) Shelter – family School System – Special Education Substance abuse program Other				
I sent to the Child First affiliate agency I understand that I will be contacted by the Child First affiliate.	, legal guardian ofand for inforn and for inforn ate agency directly to learn more about Child First an	, give permission for this referral to be nation to be sent to the Child First National Program Office ad if it is an appropriate service for my child and my family				
Legal guardian signature:		ate:				
Referent signature:	ate:					

PLEASE RETURN TO: The Village/KidSafe Child First Program - email: villagekidsafechildfirst@thevillage.org or Fax: (860) 231-8449 Contact The Village at (860) 236-4511 with questions.