**COURT INTAKE / REFERRAL SHEET**

**Date:**
**Caseworker:**

**Dependency & Neglect**: : [ ]
**Review of Placement**: [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Filed On** | **Child’s Full Name** | **Trails****Client****ID** | **Sex** | **Age** | **DOB** | **Place of Birth** | **CurrentLocation Det./ Non**- **Parent Foster Shelter Relative Relative** |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |
| [ ]  |       |       |     |     |       |       |  [ ]  [ ]  [ ]  [ ]  [ ]  |

**Children Have Indian Heritage: Yes** [ ]  **No** [ ]  **Tribe:**       **ICWA Forms Completed?** **Yes** [ ]  **No** [ ]

**Special Respondents’ Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Caregiver 1:** |       |  | **Caregiver 2:** |       |
| **Caregiver’s Name/DOB** |       |  | **Caregiver’s Name/DOB:** |       |
| **Place of Birth** |       |  | **Place of Birth** |       |
| **Indian Heritage/Tribe** |       |  | **Indian Heritage/Tribe** |       |
| **Address:** |       |  | **Address:** |       |
| **Home/Cell Phone:** |       |  | **Home/Cell Phone:** |       |
| **Work Phone:** |       |  | **Work Phone:** |       |
| **Employment/Hours:** |     |  | **Employment/Hours:** |       |
| **Step Caregiver’s Name & DOB:** |       |  | **Step Caregiver’s Name & DOB:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Caregiver 1:** |       |  | **Caregiver 2:** |       |
| **Caregiver’s Name/DOB** |       |  | **Caregiver’s Name/DOB:** |       |
| **Place of Birth** |       |  | **Place of Birth** |       |
| **Indian Heritage/Tribe** |       |  | **Indian Heritage/Tribe** |       |
| **Address:** |       |  | **Address:** |       |
| **Home/Cell Phone:** |       |  | **Home/Cell Phone:** |       |
| **Work Phone:** |       |  | **Work Phone:** |       |
| **Employment/Hours:** |       |  | **Employment/Hours:** |       |
| **Step Caregiver’s Name & DOB:** |       |  | **Step Caregiver’s Name & DOB:** |       |

**INTAKE INFORMATION / SUMMARY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Caseworker Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor Signature

A-131

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