* Referral Source:

NAME	AGENCY	PHONE	E-MAIL

*Caregiver's Name: _____ County: _____

*Caregiver's Full Address: _____

*Caregiver's Contact: (HOME) _____ **(CELL)** _____ **(E-MAIL)** _____

Is relative caregiver related to child(ren) by blood, marriage, or adoption? Yes   No
Relationship is verified? Yes ☐   No ☐

Child(ren) in legal custody of caregiver? Yes   No ☐ OR informal custody of caregiver? Yes   No

Household Income (if available): Weekly: _____ **Monthly:** _____ **Yearly:** _____

Does Birth Parent of child(ren) live in the same home as Relative Caregiver? Yes   No

CHILDREN	DOB	RELATIONSHIP TO CAREGIVER	SEX	RACE	SSN	RECEIVES SSI (yes/no)
1.						
2.						
3.						
4.						
5.						

Reason for referral: (Summarize family's need for services)

Does family have any other agency involvement (DCS, TEIS, In-home provider, etc.)? Yes   No

List other agency Case Manager assigned: _____

DHS Use/Optional for other agency
Caregiver is receiving Child Only Grant? Yes   No
Families First? Yes ☐ Amount _____ **No**
SNAP ?   Yes ☐ Amount _____ **No**

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
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Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-1230
Relative Care Program Referral

The Relative Caregiver Program is available for relatives to care for non-custodial children who require out-of-home care. Through RCP, the children and relative caregivers receive supportive services and family advocacy in order to prevent children from entering and/or re-entering state custody.

Case managers, court staff, DHS, private providers, and any other community member may use the RCP referral form to refer a client to the program. Each referent will complete the form to the best of their ability with any information that they have for the family. If some information is not known it may be left blank unless there is an asterisk indicating that it is required.

The referent will then e-mail, fax, mail, or hand-in the referral to the respective provider for their region. Once the referral is sent, DCS case managers and other private providers with access will upload the form into TFACTS for record that the referral was made.

Once RCP receives the referral they will contact the referent about successful receipt, and contact with the family.