**Date of referral:**

**Child/Youth’s Name:**       **Child/Youth’s Date of Birth (MM/YYYY):**

**Referring Worker’s Name:**       **Phone:**       **Email:**

**Referring Worker’s Role (check one):**

Permanency Worker or Strategic Permanency Consultant (SIC)

State Guardianship Worker

Public Adoption Worker

Other:

**Is the Child/Youth Post-TPR?**

**Will non-Wisconsin families be considered for the Child/Youth?**

**Does the child you wish to refer meet one or more of the minimum eligibility criteria as described in DCF’s Permanency Consultation Guide listed below:**

The child has been living in out-of-home care for 9+ months or grounds exist for TPR

Reunification no longer appears likely and a TPR may be likely

The Legal Permanency Status Rating is below “good”

The permanency goal is adoption, guardianship, or OPPLA

No Identified Permanent Resource exists for the child or youth

*Disclaimer: Eligibility criteria for individual child specific recruitment services offered through the Coalition for Children, Youth, and Families (CCYF) may differ slightly. Active enrollment and/or completion of other child specific recruitment services or activities may be prerequisites for some services.*

**Explain the reason for this referral:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What child specific recruitment activities identified in DCF’s Permanency Consultation Guide have been tried (please check all that apply):**

Relative Search and Engagement (Child-Centered Exploration, Engagement Strategies, Data Mining, Seneca Internet Searches, Family Finding and Engagement)

Geographical Placement Resources (GPRS) Search

Ongoing or Public Adoptions Program Recruitment (Child Description for Adoption Recruitment, Child Presentation Meeting, Photo Listing, Video Recruitment)

Permanency Roundtables (PRT)/Permanency Consultations

**Describe all other child specific recruitment efforts completed prior to making this referral:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you talked to your Strategic Initiative Consultant/Permanency Worker about photo listing? Please provide their name and email address:

Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am interested in the following Coalition services for the identified child/youth (check all that apply):**

Photo Listing (\*No prerequisites.)

Heart Gallery of Wisconsin (\*Prerequisites: child/youth must be photo listed.)

Video Recruitment (\*Prerequisites: child/youth must be photo listed and further consultation is required.)

Child Specific Webinar (\*Prerequisites: child/youth must be photo listed and further consultation is required. (Preferably, the child has also participated in video recruitment which can be shared during the webinar.)

Data Mining (\*Prerequisites: child/youth must be photo listed and further consultation is required.)

**\*\*\*Before submitting, check to make sure the documents listed below have been completed, signed and dated, and have been included with this referral request form:**

* DCF Consent Form (Must be signed by youth 14 and older or by legal guardian) or Court Order providing consent to the Coalition for Children, Youth, and Families (in the absence of a signature by youth age 14 or legal guardian) *\*Does not apply to Milwaukee County children/youth because of their existing blanket court order.*
* “Getting to Know You” form to be completed by child/youth with assistance from caregivers or workers
* A Copy of the Child Description for Adoption Recruitment paperwork

**Mail, fax, or email completed referrals to:** Coalition for Children Youth and Families

Attention: Child Specific Recruitment Services

6737 W. Washington Street, Suite 2353

West Allis, WI 53214

FAX: 414-475-7007

E-Mail: [info@coalitionforcyf.org](mailto:info@coalitionforcyf.org)

If you need assistance filling out this form or have other questions related to child specific recruitment, please contact us at 414-475-1246 or email us at [info@coalitionforcyf.org](mailto:info@coalitionforcyf.org).