**Date of referral:**

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

**Child/Youth's eWisacwis Case ID:**

**Child/Youth's eWisacwis Child ID:**

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

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

**[ ]** Permanency Worker

[ ]  State Guardianship Worker

[ ]  Public Adoption Worker

[ ]  Other:

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

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

**The child you wish to refer meets the following criteria:**

**[ ]** Have assessed all known relatives and like-kin as permanency options to the best of your knowledge.

[ ]  Child welfare agency and legal partners have determined that a TPR is in the child’s best interest.

[ ]  The child does not currently have an adoptive resource.

**Explain the reason for this referral including all other child specific recruitment efforts previously completed:**

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

[ ]  Have you talked to your Permanency Worker about photo listing? If applicable, 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/Heart Gallery (No prerequisites.)

[ ]  Recruitment Video (Prerequisites: child/youth must be photo listed, and further consultation is required.)

[ ]  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)
* “Getting to Know You” form to be completed by the child/youth with assistance from caregivers or workers
* A Copy of the Child Description for Adoption Recruitment paperwork
* A current photo of the child/youth

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

 Attention: Child-Specific Recruitment Services

 6737 W. Washington Street, Suite 2353

 West Allis, WI 53214

 E-Mail: 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.