**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** | **Current Location  Det./ Non**-  **Parent Foster Shelter Relative Relative** |
|  |  |  |  |  |  |  |  |
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**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

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Supervisor Signature

A-131

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