EOA CHILDREN'S HOUSE
REFERRAL FOR SERVICES
Revised June 2013 (3)

(Complete Referral Form for EACH child being referred to Children's House for Services)

DATE OF REFERRAL: _____

REFERRED BY: _____

Name of Child Being Referred	Social Security Number	Date of Birth (Month/Date/Year)	Male (M) or Female (F)	ARKids Number

Check All That Apply:

☐ **Foster Care** ☐ **Relative Care** ☐ **Kinship Care**

☐ **Resides w/Non-Offending Parent**

☐ **Resides w/ parent(s) w/ Open Case/DHS Involvement/FINS**

Parent/Guardian Name: _____

Relationship to Child: _____

Address: _____ Telephone: _____

Other Siblings Referred to Children's House (Name & Date of Birth):

_____
_____
_____
_____

Reason for Referral (check):

Sexual Abuse ☐ Physical Abuse ☐ Environmental Neglect ☐

Failure to Protect ☐ Medical Neglect ☐ Developmental Delay ☐

Other (Specify): _____

_____

_____

_____

Behavior Concerns:_____

_____

_____

Identified Risk Factors:

☐ Low Birth Weight ☐ Teenage Parent ☐ Parent w/o HS Diploma/GED

☐ Foster Child ☐ Parent Incarcerated ☐ Custody w/family other than Mother/Father

☐ Supportive DHS Case ☐ Open DHS Case ☐ Open Court Case/FINS

☐ Sibling attends CH ☐ CASA assigned ☐ Child Advocacy Center referral

☐ History of substance abuse ☐ Immediate family member w/history of substance abuse/neglect ☐ Child with immediate family member arrested for/or convicted of drug-related offense

☐ Child w/parent activated for overseas military duty ☐ Eligible for IDEA ☐ Developmental delay identified through screening

___ **Other (please specify):**

_____

_____

_____

_____

Child Receives/Qualifies For The Following Support Services:

☐ Occupational Therapy ☐ Physical Therapy ☐ Speech Therapy

☐ Counseling Services

If child receives above service(s), please list provider:

_____

_____

Case Status:

☐ **Open Protective DHS Case**	☐ **Closed DHS Case**	☐ **Supportive DHS Case**
☐ **DCFS Case**	☐ **CAC Case**	☐ **FINS**
_____Other (please specify): _____		

Juvenile Court Involvement:_____Court Case Number:_____

Next Court Date:_____

Case Worker's Name/Contact:_____

Attorney Ad Litem:_____

FINS Worker: _____

CASA Worker:_____

Child Advocacy Center
Advocate/Contact: _____

Date Referral Received:_____ Date Referral Accepted:_____

Administrative Staff Reviewing Referral: _____

Fax - (479) 927-1161 Phone – (479) 927-1232

Notes for Administrative Use Only: