

**Charlottesville – Albemarle Family Treatment Court (FTC)
Initial Eligibility Referral Form**

Parent Full Name (First, Middle, Last): _____ **SSN:** _____ **DOB:** _____
Mailing Address: _____ **Zip Code:** _____
Parent’s Cell Number: _____ **Parent’s Email:** _____ **Court Case Number:** _____
Alternative Phone: _____

Child’s Name:	D.O.B.:	SSN:	Placement:
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Child’s Name:	D.O.B.:	SSN:	Placement:

DSS Worker: _____ **DSS plans to pay for services, if appropriate?** Yes No

Participant will begin treatment once assessed by Region Ten and DSS funding letter is received? Yes No

Participant has insurance? Yes No **Name of insurance(s):** _____

Concerns for Domestic Violence? Yes No **Housing Instability?** Yes No

Please provide more information on DV or housing concerns if appropriate:

Current Driver’s License? Yes No **Suspended License?** Yes No **Previous termination of parental rights?**
Yes No

GAL:	Phone:
Therapist/Agency:	Phone:
Mom’s Attorney:	Phone:
Dad’s Attorney:	Phone:
Other Providers/Agencies:	Phone:

I. PRESUMPTIVE QUALIFYING CHARACTERISTICS:

There is a Civil Petition for: (Please select those that apply)

Abuse/Neglect Custody Protective Order CHINS Supervision

Individual is the primary caregiver of a child at risk of or removed from the home, and is known to have a substance abuse issue.

Please provide additional information (legal or police involvement, etc.) that would be helpful in assessing level of need):

Check appropriate line(s) for this referral:

Individual tested positive for drugs. **Drug(s)/Date(s):**

Individual states that s/he is a drug user. **Drug(s) of choice:**

Individual’s family, friends, attorney, etc. state that s/he is a drug user. **Behaviors witnessed:**

Individual is a voluntary participant.

Individual participates in a methadone/suboxone maintenance program.

II. DISQUALIFYING CHARACTERISTICS:

Individual is not a resident of the City of Charlottesville or County of Albemarle, Madison, Greene, Louisa, Nelson, or Fluvanna.

Individual is under the age of 18 years.

Individual has been convicted of an offense which constitutes felony assault or felony bodily wounding resulting in serious bodily injury where the victim of the offense was a child of the individual, or a child who resided with the individual, or another family member who resided with the individual at the time of the offense.

Individual has been convicted of an offense which constitutes sexual assault where the victim of the offense was a child of the individual, or a child who resided with the individual, or another family member who resided with the individual at the time of the offense.

Individual has been convicted of an offense which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy, or solicitation to commit any such offense where the victim of the offense was a child of the individual, or a child who resided with the individual, or another family member who resided with the individual at the time of the offense.

Individual is demonstrating a failure to follow a medical regime of treatment for a mental disorder.

Individual has functional or cognitive impairments that would inhibit effective participation in the program.

Individual suffers from advanced terminal illness.

Please provide a brief narrative describing how this case became involved with DSS:

Please provide a timeline for this case starting with DSS's initial involvement and ending with upcoming court dates.

Please attach IFSP or Authorization Date:

Preparer's Signature

Title:

Agency:

Email:

Phone:

Date:

Email completed form and info to: Brittney Rekrut, FTC Coordinator Brittney.rekrut@regionten.org **Phone:** (434) 235-3998

PLEASE BE REMINDED THAT FTC IS A VOLUNTARY PROGRAM

Date Received:	Date of Eligibility Interview:	Eligible for Consideration:
Date Reviewed for Eligibility:		Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>
If rejected, please provide rationale:		