CFS 1448
2/2019

State of Illinois
Department of Children and Family Services

Extended Family Support Program Division of Child Protection Referral Form

☐ **Child Protection**   ☐ **Intact Case**

Client Information

8 Digit CWS Intake Summary (also known as CANTS 1) ID: _____

Caregiver Name: _____   Relation to Child: _____

Primary Language Caregiver: _____   Primary Language Child: _____

Address and Apt #: _____   County: _____

City: _____   Zip Code: _____

Home Phone: _____   Work: _____

Additional Information

	Yes	No	NA
Child has been living with relative for more than 14 continuous days	☐	☐	
Caregiver is willing to continue caring for the child.	☐	☐	
Does parent/legal guardian want to take custody of child within 60 days?	☐	☐	
Active safety threat identified on CFS 1441 CERAP	☐	☐	
Safety plan is or was in effect requesting that relative obtain guardianship	☐	☐	
Child is a ward of the State	☐	☐	
Investigation/Intact case will close within 30 days if EFSP referral is accepted	☐	☐	

Allegation: _____   ☐ Indicated   ☐ Not Indicated

Date of the last in person worker/family meeting: _____

Worker Information

Name: _____   Worker ID: _____

Agency: _____   Phone: _____

Address: _____   Fax: _____

City: _____   Zip Code: _____

Supervisor: _____   Phone: _____

Approvals

Worker Signature: _____   Date: _____

Supervisor Signature: _____   Date: _____

EFSP Coordinator Section

Referral Accepted: ☐ Yes ☐ No If no, reason: _____

EFSP Monitor: _____   Phone: _____

Signature: _____   Date: _____

EFSP Provider: _____   Phone: _____

HOUSEHOLD COMPOSITION

The following chart must include the caregiver & **all** people living in the household, including **children and adults** and include **all information** regarding the **biological parents'** names and birth dates. List the relative caregiver first.

Client Ref#	Subject Name (Last, First)	Gender	D.O.B	Complete Mailing Address (street, city, zip)
1		☐ M ☐ F		
2		☐ M ☐ F		
3		☐ M ☐ F		
4		☐ M ☐ F		
5		☐ M ☐ F		
6		☐ M ☐ F		
7		☐ M ☐ F		
8		☐ M ☐ F		
9		☐ M ☐ F		

RELATIONSHIP MATRIX

Using the client reference #'s used above, specify the relationship of **ALL** adults listed above to **ALL** children in the caregiver's home. List bio-parents of children living with the relative caregiver.

Relationship	Caregiver#	Caregiver#	Caregiver#	Caregiver#	Caregiver#
Child#					
Child#					
Child#					
Child#					
Child#					
Child#					

IMPORTANT CASE INFORMATION

Include the stability of the child(ren)'s current living arrangement and reason the child is living with the relative caregiver.

_____

_____

_____

Include any safety issues that may be present. List any significant events that occurred since the case was referred to DCFS. If the worker attempted to screen the children into care, include why the request was rejected.

_____

_____

_____