

HELP UNIT FACE SHEET

CASE NAME: \_\_\_\_\_

DCFS ID#: \_\_\_\_\_

DCFS

POS (please check one)

Agency Name (if POS) \_\_\_\_\_

**CURRENT AND PREVIOUS DCFS INVOLVEMENT:**

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**BIOLOGICAL HOUSEHOLD COMPOSITION:** (If Applicable – Please list individuals and check applicable concerns)

NAME	RELATIONSHIP	D.O.B	ISSUES WITH SUBSTANCE ABUSE	ISSUES WITH PHYSICAL OR MENTAL HEALTH	ISSUES WITH DOMESTIC VIOLENCE	ISSUES WITH SEXUAL ABUSE	EDUCATIONAL ISSUES

DESCRIBE THE CONCERNS CHECKED. You may also list and describe any additional concerns identified.

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**FOSTER FAMILY/IES COMPOSITION:** (Please list foster children placed in the home and check applicable concerns the foster children might have)

NAME	RELATIONSHIP	D.O.B	ISSUES WITH SUBSTANCE ABUSE	ISSUES WITH PHYSICAL OR MENTAL HEALTH	ISSUES WITH DOMESTIC VIOLENCE	ISSUES WITH SEXUAL ABUSE	EDUCATIONAL ISSUES

DESCRIBE BELOW THE CONCERNS CHECKED. You may also list and describe any additional concerns identified.

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Please attach all past and current safety plans, last six UIR's (if applicable), court orders regarding visitation, last six months of case notes and most current service plan.

If there is any additional information that you feel is relevant to this case for discussion in the Help Unit please include below and attach supporting documentation.

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Caseworker's Signature

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Date

PLEASE FAX THIS INFORMATION TO THE HELP UNIT AT LEAST 1 WEEK PRIOR TO THE MEETING AT (312) 633-1812. Thank you for your time and we look forward to meeting with you.

DATE RECEIVED: \_\_\_\_\_