**Instructions for the Completion of Form CFS 507-FAC**

**Demographic Information**

Client Name: Enter in the Head of Household name (Case Name). If this is a child only case then the name of the child should be entered. Enter client address and phone number where indicated. If there are any special directions such as Rear Cottage, side entrance, knock on front window, etc. write these where indicated.

Email is optional.

Enter the SACWIS/MARS/CYSIS number for the case. If this is an investigation, enter “Investigation”. If this is a post CWS referral enter “Post CWS”. SCR Investigation and Intake Evaluation numbers are **NOT** to be included on the referral form. Family Advocacy Centers can accept referrals for CIPP and Countdown to 21 meetings to provide a community presence and offer services to the family as their schedule allows.

**Caseworker and Supervisor Information and Signatures**

Enter all pertinent information as indicated on the form for the referring caseworker or investigator and supervisor. Check the box to indicate if the referral originates from DCFS or a Private Agency (POS Purchase of Service). All referrals must be signed by the caseworker, supervisor or designee. Contact information must be completed. **IF** the Caseworker is unavailable to sign and the supervisor completes the referral, caseworker name and contact information must still be provided.

**Additional Information**

Court Involved: Check the appropriate box indicating court involvement. If yes, enter the next court date and hearing type.

Date of Referral: Enter the date of Referral

Service(s) Requested: Enter the service requested. Typical services are parenting education, family advocacy, mentorship, DCFS Alumni Services and general counseling. Please note that referrals for therapeutic counseling should not be made to a Family Advocacy Center as they are not contracted for this service. You may refer a family for community linkages whereas the Family Advocacy Center assigned will attempt to find the needed service in the client’s community. Family Advocacy Centers do not have housing services, nor do they offer subsidized housing, but they will make community linkages with housing programs. Please check the D-Net under Resources for a list of Family Advocacy Centers and the services they offer.

Household Members: Enter all household members and their birthdates.

**Attachments**

Please check the appropriate boxes for all supporting documentation. A CFS-600 Consent Form must accompany the CFS 507-FAC. Referrals for open Intact and Placement cases must include the current Integrated Assessment, Service Plan, Court Orders and any other reports that will enable the Family Advocacy center to provide effective family support services. Investigation and Post CWS referrals should include **redacted** investigation summaries and Intake Evaluation Summaries. Copies of any active safety plans should also be included. Referrals for visitation are at the discretion of each individual Family Advocacy Center. Many Family Advocacy Centers do allow visitation to occur at their individual sites. A written visitation plan should accompany the referral.

**Referral Summary**

The referral summary should include the family’s current situation, known strengths and needs, any safety concerns and special communication needs such as a language other than English, ASL or illiteracy.

Send all referrals to: [DCFS.FACReferralas@illinois.gov](mailto:DCFS.FACReferralas@illinois.gov)