



COMPREHENSIVE CASE COORDINATION REFERRAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 674 (9-2024)

This form is to be completed by the Human Service Zone case worker and reviewed by the supervisor and agency director. Each section must be completed, and all applicable supporting documentation must accompany the referral in order to be considered. Referral information should be sent to cmunit@nd.gov for review.

DEMOGRAPHICS

Child's Name (First and Last)		Date of Birth	Age	Grade
FRAME Case Number		Custodial Agency		
Current Placement <input type="checkbox"/> Family <input type="checkbox"/> TFC <input type="checkbox"/> Non-FC Placement _____ <input type="checkbox"/> QRTP _____ <input type="checkbox"/> PRTF _____		<input type="checkbox"/> Tribal Affiliation _____ <input type="checkbox"/> Dual Status Youth		
Permanency Goal (<i>check all that apply</i>) <input type="checkbox"/> Reunification <input type="checkbox"/> Guardianship <input type="checkbox"/> Placement With Relative <input type="checkbox"/> Adoption <input type="checkbox"/> Another Planned Permanent Living Arrangement (APPLA)		Date Parental Rights Terminated		

RELATIVE SEARCH EFFORTS AND INFORMAL SUPPORTS

Describe in detail the information related to initial and ongoing relative search efforts, including but not limited to: Seneca search, Federal Parent Locator, fictive kin, previous providers, etc.

REASON FOR REFERRAL

Summarize placement history and reasons for disruption. What efforts have been made by the referring agency to stabilize child? What are perceived barriers to stabilization? Document any current legal charges.

SERVICES, DIAGNOSES, AND YOUTH STRENGTHS

List all current providers, services, and supports involved in the child and family's plan. Identify services that have been beneficial and additional services that have been ruled out or determined insufficient to meet the child's needs. Document child's current diagnoses and date of last evaluation. Describe the child and their strengths. When was the last time they were stable and successful? What was going well? What services/support does the referring agency feel is necessary for the child to stabilize?

Attached and included with the referral:

- Completed SFN 1865
 Most recent PCPA
 Genogram
 Psychological Evaluation(s)
 IEP/504 Plan
 Most recent SFN 824 Universal Application
 Most recent Level of Care Determination (if applicable)
 Other

REFERRAL COMPLETED AND REVIEWED BY

Zone Case Worker	Date
Zone Supervisor	Date
Zone Director	Date

Routing: Child's File CFS Case Management FSS Unit