WAYPOINT
Help Along the Way

Intensive Family Based Services (IFSB)
Intake/Referral Sheet

Referral Date: _____

Identified Child: _____

Social Security Number: _____ DOB: _____

Parent/Guardian Name: _____ Phone #:_____

Mailing Address: _____

Email Address_____ Preferred Mode of Contact: _____

Referral Source, Email, Telephone #: _____

_____

Presenting Problem: _____

_____

_____

_____

Names and Ages of Children:_____

_____

Other People Residing in the Home: _____

Identified Needs/Goals for the Family/Child: _____

_____

_____

How will IFBS Involvement Help: _____

_____

_____

_____

List Current/Past Services Providers: _____

DCF Authorization: _____

IFBS USE

IFBS Worker: _____ Case # _____
Open Date: _____
Closing Date: _____
Action Taken: _____

Send Referral to:
District Director
Hartford DCF - Family Services Office
FAX # 802-295-4101