



**Arkansas Department of Human Services  
Division of Children and Family Services  
Intensive Family Services Referral**

**I. Sending and Receiving Offices:**

To: \_\_\_\_\_ (IFS Provider)

From: \_\_\_\_\_ (Caseworker)

County and Unit: \_\_\_\_\_ Phone # / Pager #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Pager # / Pager #: \_\_\_\_\_

**II. Client Information:**

Name of Family Members	Relationship	DOB	Location (in-home)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information: \_\_\_\_\_  
(attach separate sheet, if needed, for additional family members)

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Message #: \_\_\_\_\_

Work/School/Other Hours: \_\_\_\_\_

**III. Reason for Referral:**

Prevention of Foster Care Placement  Reunification  Both

Explain: \_\_\_\_\_

**What is the current crisis requiring Intensive Family Services Intervention?**

\_\_\_\_\_

**Current status of the DCFS case:**

Child Maltreatment Assessment  Date Report Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Protective Services  Date Case Opened: \_\_\_\_\_

Supportive Services  Date Case Opened: \_\_\_\_\_

Foster Care Services  Date of Entry into FC: \_\_\_\_\_

**IV. Eligibility**

*Before making a referral for IFS, confirm that the family meets the following IFS eligibility criteria:*

**For Prevention:**

- Less intensive services have been exhausted or they are not appropriate
- Maintaining the child in the home is not just a temporary plan. The child is not on a waiting list or pending entry into group care, psychiatric care or DYS
- The caregiver has been informed of the risk of placement
- I have confirmed the caregiver(s) will be available for intake session within 72 hours of referral
- I have described the intensity of IFS to the family (up to 20 hours per week of direct service over 4 to 6 weeks) and at least one caregiver in the home is available to participate
- Caretaker has the ability and willingness to protect the child(ren) from abuse/neglect or harm to self
- If IFS is not available, one of the following will occur:
  - Child(ren) will be placed in protective custody
  - Court petition will be filed requesting placement
  - Voluntary placement agreement will be initiated

**For Reunification:**

- The child is in placement and will return home
- It is unusually complex situation (caregiver or child ambivalence, disrupted attachment, unresolved risk factors, legal issues, caregiver lacks understanding of child treatment needs, etc.)
- Less intensive reunification services will not suffice to address the reunification concerns
- I have confirmed the caregiver(s) will be available for an intake session within 72 hours of referral
- I have described the intensity of IFS to the family (up to 20 hours per week of direct services over 4 to 6 weeks) and at least one caregiver in the home is available.

Parents Agreeable: Yes  No

Case Open: Yes  No

Current Substance Use: Yes  No

History of Violence: Yes  No

History of Substance Use: Yes  No

At least 1 or more children under the age of 21 in the present household are at risk of removal.

Based on the risk factors involved, with IFS it is safe for the child, family, therapist and community for the child to remain in the home.

The family exhibits an understanding of the scope and intensity of the IFS program.

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**V. Acknowledgement of Receipt and Disposition of Referral (Turnaround Response from IFS Provider)**

Date Referral for IFS Received: \_\_\_\_\_ Date of Introductory Session: \_\_\_\_\_

**Results of Assessment for Intensive Family Services** (Indicate if referral is accepted or denied for; explain if not accepted): \_\_\_\_\_

\_\_\_\_\_  
IFS Provider Name

\_\_\_\_\_  
Date

**Routing:** DCFS completes section I, II, III, and IV; and sends the referral form to the IFS provider.  
The IFS provider completes Section V and sends the referral form back to DCFS.  
DCFS copies the completed form (I, II, III, IV, and V) and sends to the IFS Program Manager.