

CPS Reintegration Project Referral Form

Name of Youth: _____

DOB: _____



PID#: _____

Referring Entity

Assigned Caseworker: _____

Caseworker Phone: _____

Unit Supervisor: _____

Date Referred: _____

Eligibility Requirements

- CPS is recommending reunification with a known parent/caregiver in 3-6 months

- Parent /Caregiver resides in Travis County

- Youth has a mental health diagnosis (Axis I) and an IQ of 65 or higher

- Youth has complex behaviors

- Youth could not be reunified without significant supports and services in the home

If your youth/family does not meet all of the above eligibility requirements, please STOP here and contact a CRP Care Coordinator.

If youth/family does meet all of the above eligibility requirements, please complete the form below and return by fax or email to a CRP Care Coordinator.

Parent / Caregiver Section

Caregiver Name: _____

Caregiver Race/Ethnicity: _____

Caregiver Age/DOB: _____

Relationship to Referred Youth: _____

Address: _____

Phone: _____

Home: _____

Work: _____

Cell: _____

Employer: _____

Work Hours: _____

Other Household Members

Name: _____

Relationship to youth: _____

Age: _____

When was Caregiver's last contact with youth? _____

When was Caregiver's last contact with CPS worker? _____

If potential caregiver is not the adoptive or biological parent, has a Home Study been completed?

If required but not completed, what is the status of the Home Study? _____

Please attach both a Criminal History and CPS History Check for the above-identified Parent/Caregiver.

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Youth Section

Placement Status

Current Placement: _____ Date placed: _____

Address: _____

Phone Number: _____

Contact Person(s): _____ Role(s): _____

Current therapeutic services: Individual Group Family Psychiatric Other : _____

Level of Care: _____

Reason for Removal: _____ Date of Removal: _____

Prior Attempts at Reintegration? Yes No If yes, please explain circumstances.

Do **all** legal parties support reintegration? Yes No If no, please explain:

Prior involvement with other community agencies in Travis County? Yes No If yes, please list services and agencies:

Mental & Behavioral Health

Is youth a risk to self or others? Yes No If yes, please explain:

Is youth a sexual perpetrator? Yes No If yes, please describe circumstances, treatment, and date of last offense:

Suicidal attempts or ideation? Yes No If so, please explain including date of last event:

Cutting behavior? Yes No If so, please explain including date of last incident:

Eating disorder? Yes No If so, please explain treatment provided and current status of the disorder:

If psychiatric medication is prescribed, does youth take medication willingly? Yes No If no, please explain circumstances.

Please attach most recent versions of the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Placement history from IMPACT | <input type="checkbox"/> Psychological/Psychiatric Evaluation |
| <input type="checkbox"/> Common Application for Placement | <input type="checkbox"/> CPS and/or CASA Court Report |
| <input type="checkbox"/> Home Study (if completed/applicable) | <input type="checkbox"/> Other (list): |

Please fax or email the completed CRP Referral Form with attached documents. →

Shannon Van Zandt or Virginia Aguiluz
CRP Care Coordinators

Please note: CRP will have no contact with referred youth/family until completion of CPS/CRP staffing. CRP Care Coordinator will contact you with the date and time for the staffing (2nd Monday of the month).

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