

SAN FRANCISCO HUMAN SERVICES AGENCY

LINKAGES CASE COORDINATION REFERRAL AND FAMILY PLAN SUMMARY

Pre-Staffing Date: _____

Facilitator: _____

Child's Name: _____

Home Address: _____

Zip Code: _____

Tel #: _____

Msg #: _____

Case Coordination Meeting Date: _____

Facilitator: _____

PSW: _____

CalWORKs EW: _____

CalWORKs WTW: _____

CalWORKs SW: _____

CalWORKs Case #: _____

Follow-up Mtg. Date (if app.): _____

Facilitator: _____

Tel #: _____

Tel #: _____

Tel #: _____

Tel #: _____

FCS Case #: _____

FCS Case opened: _____

Challenges/Concerns
FCS: Was SDM FSNA completed? Yes / No
<input type="checkbox"/> Court timelines:
<input type="checkbox"/> Housing:
<input type="checkbox"/> School:
<input type="checkbox"/> Domestic Violence <i>(contact Riley Center)</i>
<input type="checkbox"/>
<input type="checkbox"/>
CalWORKs:
<input type="checkbox"/> Welfare-to-Work timelines:
<input type="checkbox"/> Financial stressors:
<input type="checkbox"/> Work participation rate
<input type="checkbox"/> Sanction
<input type="checkbox"/> Domestic Violence <i>(contact Riley Center)</i>
<input type="checkbox"/>
Community-Based Organization:
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Brief Description of Precipitating Events			
Child(ren)	DOB	Court FM, NCFM, FR	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Other Service Providers Invited		
Name	Agency	Phone
Special Considerations:		
Primary language:		
<input type="checkbox"/> English		
<input type="checkbox"/>		
Interpreter needed?		
Name of interpreter:		
Relationship:		

FAMILY PLAN SUMMARY: STRATEGY FOR SOLUTIONS AND GOAL SETTING

Family's Challenges/Concerns			
1.	<input type="checkbox"/>	Parenting Support	<input type="checkbox"/>
2.	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
3.	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
4.	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
5.	<input type="checkbox"/>	Child Care	<input type="checkbox"/>

PSW Responsibilities		Family/Parent Responsibilities (Include type of activity, location, etc.)		CalWORKs Staff Responsibilities	
Set up or make referral to:		Attend & comply with all recommended services:		Set up or make referral to:	
	Due Date		Due Date		Due Date
<input type="checkbox"/> Visitation with child(ren)		<input type="checkbox"/> Parenting Support @		<input type="checkbox"/> Re-evaluate Welfare-to-Work Sanction	
<input type="checkbox"/> Contact @ home with caregiver		<input type="checkbox"/> Substance Abuse @		<input type="checkbox"/> Exempt until:	
<input type="checkbox"/> Meeting with: _____		<input type="checkbox"/> Mental Health @		<input type="checkbox"/> Exemption type:	
<input type="checkbox"/> To discuss: _____		<input type="checkbox"/> Child Behavior @		<input type="checkbox"/> Referral to CalWORKs-SW unit:	
<input type="checkbox"/>		<input type="checkbox"/> Child Care @		<input type="checkbox"/> Set up CalWORKs/FR Services	
<input type="checkbox"/> Next Court date:		<input type="checkbox"/> Other		<input type="checkbox"/> Housing:	
<input type="checkbox"/> Absent parent involvement		<input type="checkbox"/> Other		<input type="checkbox"/> Immediate needs:	
<input type="checkbox"/> Other				<input type="checkbox"/> Child care	
<input type="checkbox"/> Other				Referral to CalWORKs contracted services:	
				<input type="checkbox"/> Parenting support @	
				<input type="checkbox"/> Substance abuse @	
				<input type="checkbox"/> Mental Health @	
				<input type="checkbox"/> Domestic violence @	

Community-Based Organization Responsibilities:			
	CBO Name	CBO Representative	Plan/Next steps:
<input type="checkbox"/>	1.		
<input type="checkbox"/>	2.		
<input type="checkbox"/>	3.		

Parent/Guardian Signature

PSW Signature

CalWORKs Staff Signature