Out of County Child Abuse Referral Notification

(To the Placing County)

**DATE:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO RFA PLACING COUNTY**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FROM RFA APPROVAL COUNTY**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There has been a report received by the RFA Program in      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County regarding a CPS referral on RF      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with whom you have a dependent child/children placed.

**Date of RFA Approval**:

|  |
| --- |
| Date CPS Referral received:      CPS Referral ID Number:      Check One: [ ]  Immediate Response [ ]  10-Day [ ]  Evaluated OutNotes (Include name and contact information for investigating party):       |
| Investigation Information:[ ]  Pending - Estimated Date of Completion      [ ]  Finalized – Outcome: [ ]  Substantiated [ ]  Inconclusive [ ] UnfoundedSerious Incident: [ ]  Yes [ ]  No Serious Complaint: [ ]  Yes [ ]  NoDate Serious Incident/Serious Complaint Reported to CDSS & State Liaison (If Applicable):      Notes:       |

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|       |  |       |

 Name Email Address

|  |  |
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|       |  |

 Phone Number