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 Out  Notes (Include name and contact information for investigating party): |
| Investigation Information:  Pending - Estimated Date of Completion  Finalized – Outcome:  Substantiated  Inconclusive Unfounded  Serious Incident:  Yes  No  Serious Complaint:  Yes  No  Date Serious Incident/Serious Complaint Reported to CDSS & State Liaison (If Applicable):  Notes: |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name Email Address

|  |  |
| --- | --- |
|  |  |

Phone Number