

RFA OUT OF COUNTY ASSESSMENT REQUEST



Type of Request: (check one)

Emergency Safety Assessment Request

RFA Standard Request (Initial)

Child placed date:

No child placed

Reopen Request

Previous request date(s):

Date of Request:

Placing County:

POC Email:

Host County:

SECTION 1 – POTENTIAL RESOURCE FAMILY

| Applicant 1 | | | |
|---|---------|---|--------------------------|
| Last Name: | DOB: | Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | Cleared By: Date: |
| First Name: | SSN: | | |
| Middle Name: | CDL/ID: | | |
| Phone Number: | | | |
| Email: | | | |
| Relationship to Child/ren: | | | |
| Applicant 2 | | | |
| Last Name: | DOB: | Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | Cleared By: Date: |
| First Name: | SSN: | | |
| Middle Name: | CDL/ID: | | |
| Phone Number: | | | |
| Email: | | | |
| Relationship to Child/ren: | | | |
| Home Information: | | | |
| Primary Language: | | | |
| Address: | City: | Zip Code: | |
| Alerts if known (Gated Community, weapon, pool, large dogs, etc): | | | |
| Other Adults In The Home Or Regularly Present | | | |
| Last Name: | DOB: | Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | Cleared By: Date: |
| First Name: | SSN: | | |
| Middle Name: | CDL/ID: | | |
| Relationship to Child/ren: | | | |
| | | | |
| Last Name: | DOB: | Potential Exemption Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | Cleared By: Date: |
| First Name: | SSN: | | |
| Middle Name: | CDL/ID: | | |
| Relationship to Child/ren: | | | |
| | | | |

RFA OUT OF COUNTY ASSESSMENT REQUEST



| Other Children in the Home | | | |
|----------------------------|-----|--------------------------|--|
| Name | DOB | Gender / Gender Identity | Relationship to Child/ren to be Placed |
| | | | |
| | | | |
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| | | | |

SECTION 2 – CHILD(REN) TO BE PLACED

| Child / NMD Name | DOB | Gender / Gender Identity | Emergency Placement Completed? | Date of ER Placement (if applicable) | Anticipated Placement Date |
|------------------|-----|--------------------------|--|--------------------------------------|----------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

***If a child(ren) is/are placed on an emergency basis, the RFA Out of County Assessment Request shall be submitted to the receiving county within 10 business days of the emergency placement.**

| |
|---|
| Characteristics of Child(ren) to be Placed, if known (behavioral, medical, intellectual disabilities, or any other pertinent information to be assessed during the RFA process): |
|---|

SECTION 3 – SENDING COUNTY INFORMATION

| | | |
|---|--------|-------|
| Social Worker: <input type="checkbox"/> Case <input type="checkbox"/> RFA | Phone: | Cell: |
| | Email: | |
| Supervisor: <input type="checkbox"/> Case <input type="checkbox"/> RFA | Phone: | Cell: |
| | Email: | |

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|------------------------------------|
| Comments / Additional Information: |
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