



## Children's Home Child-Specific Recruitment Referral

Thank you for choosing Children's Home Child Specific Recruitment Services. We appreciate your time in helping us gather information regarding the youth. All youth referred for Child-Specific Recruitment must be registered on the State Adoption Exchange (SAE) prior to us beginning our work with them. In addition, there must have been a relative/kinship search completed according to the policies and procedures as required by statute.

If the youth may be better served by a TPLPC (pre-TPR), please indicate that below. SAE registration is not required for these youth.

If you have any questions about these requirements, any other aspects of child specific recruitment, or have any issues with this referral, please contact Lyla Ronchak at 651-255-2275 or [lyla.ronchak@chlss.org](mailto:lyla.ronchak@chlss.org)

Email this completed referral form to: Lyla Ronchak at [lyla.ronchak@chlss.org](mailto:lyla.ronchak@chlss.org)

### Type of Service Referring For:

#### Youth Information

Name (First, Middle & Last):

Preferred Name:

Gender:

Pronouns:

Date of Birth:

Race/Ethnicity:

Does ICWA apply?

Tribal Affiliation/Membership Information (if applicable)

Number of Siblings:

Are siblings being placed together?

If no, is there a court ordered sibling separation?

**We are unable to provide recruitment services for youth separate from siblings if there has not been a court ordered separation. If a separation has occurred, please submit a separate referral for each sibling.**

**If you are referring a sibling group, please provide additional sibling information on a separate referral, or email Lyla Ronchak to provide the information.**

**Referring Social Worker**

Role: Agency:

Name:

Phone: Email:

**Other Workers Involved (optional)**

**Role:**

Name: Agency:

Phone: Email:

**Role:**

Name: Agency:

Phone: Email:

**Role:**

Name: Agency:

Phone: Email:

**Current Living Situation**

Current Living Situation:

Name of Foster Parents or Staff Contact:

Phone: Email:

Address:

City, State, Zip:

Name of Foster Parent(s) Licensing Agency or Facility:

**School Information** (for CSR to visit youth at school if needed, releases to follow)

Name of school:

Grade:

Contact Person:

Contact's Role:

Phone:

Email:

Is there an IEP?

**Placement History** (send copy of past placements to CSR upon assignment)

Date of first out-of-home placement:

Reason for initial placement:

**Termination of Parental Rights**

Parent 1:

Date of TPR:

Parent 2:

Date of TPR:

Are Birth Parent whereabouts known?

A) Does Youth have known contact with either birth parent?

B) Does Youth have contact with siblings placed separately?

If yes to either A or B, please describe the type, frequency and quality of contact between youth and birth family members:

Beginning date of current continuous out-of-home placement:

When did youth move to current placement?

Has youth experienced an adoption disruption (prior to finalization)?

Has youth experienced an adoption dissolution (after finalization)?

**Assessment and Diagnosis Information** (include as applicable)

MAPCY Level (from most recent assessment):

Mental Health Diagnoses:

Physical Disabilities:

Corrections History:

Recent Assessments Completed (date and type):

Additional information about needs that would be helpful for Recruitment:

**Recruitment Services**

Please share the top three reasons it has been challenging to find a family for this youth:

- 1.
- 2.
- 3.

What was the youth's reaction to participating in Child-Specific Recruitment?

Are there any factors/preferences to consider when assigning a CSR for this youth? (May not be able to honor, but hope to find the best fit for the youth)

Please provide any information on previous recruitment efforts made on behalf of this youth (check all that apply):

- Registered on SAE (youth must have an active SAE profile, profile must be visible on private SAE)
  - Date added:
- Presented at Task Force
  - Date last completed:
- Recruitment through FAM
  - Date completed:
- Child Specific Recruitment with another agency
  - Name of agency:
- Does the youth have a life book completed or partially completed?
  - (If yes, please provide life book materials with referral)
- Other:

**Please send a copy of the Termination of Parental Rights, updated Social/Medical History and out of home placement plan along with your referral packet. These can be uploaded via the CH/LSS website or sent via email to [Lyla.Ronchak@chlss.org](mailto:Lyla.Ronchak@chlss.org).**

I verify that, at a minimum, the following activities have been completed and that this youth is therefore eligible to receive child-specific recruitment services under the Public Private Permanency Collaboration (PPPC) Contract.

- A relative/kinship search according to the policies and procedures as required by statute.
- The child or sibling group has been registered on the State Adoption Exchange (SAE).

If these have not been completed, please contact us to discuss when they can occur.

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(Signature)

(Date)

(Role/Relationship to Child)