

FaDSS Universal Referral

PART A

Name: _____ **Telephone:** _____
Address: _____ **City:** _____ **Zip Code:** _____
DHS Case #: _____ **State ID #:** _____
Date Referred: _____
Comments: _____

Referring Worker _____ Telephone _____ E-mail _____

PROMISE JOBS or ~~Other~~ DHS or ~~Other~~ Referral Source

Date of Receipt of Referral: _____ (completed by FaDSS staff only)

Date sent to PROMISE JOBS: _____ (completed by FaDSS staff only)
(Part A sent to Promise Jobs with in 3 working days, only if referral other than PROMISE JOBS)

PART B Referral Status

Part B must be completed within 20 working days of date of referral. A copy of Part A and B is sent to the referral source.

~~Other~~ PROMISE JOBS, ~~Other~~ DHS or ~~Other~~ Referral Source
Referred the above listed family to the FaDSS program

This is to notify you of the status of the referral

- ***YES, family has enrolled in FaDSS, effective date of enrollment:
- ***NO, family has declined FaDSS services
- ***NO, we have been unable to meet with the family.
We have made _____ of contacts in our attempt to reach the family

OR

WAITING LIST
~~Other~~ family has been added to the FaDSS waiting list.
While the family is on the waiting list, FaDSS staff must periodically communicate with the family regarding continued desire to be in FaDSS.

The following information will be completed upon removal from waiting list:
Date of removal from waiting list and enrolled in FaDSS
Date of removal from waiting list and declined FaDSS services

FaDSS Specialist: _____ Telephone: _____ E-Mail: _____
FaDSS Grantee: _____ Date: _____