

San Francisco County Pilot Program CPS/At Risk Referral Form (11/19)

REFERRAL FOR CHILD PROTECTIVE SERVICES/AT RISK

To be completed by a CPS Worker, representative from a shelter or local social services agency, or a licensed mental health, medical, or legal professional. *[(Title 5, §18081(b)(9) & (b)(10))]*

Child's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:

Name(s) of Parent(s)/Guardian(s) _____

Please complete **ONE** of the following two options:

I. CPS REFERRAL (Completed by Child Protective Services Worker)				
I, _____, certify that the child(ren) named above has an open case with Child Protective Services, and the case plan documents the family's need for childcare services according to the following schedule:				
Monday	Tuesday	Wednesday	Thursday	Friday
Please note: Probable duration of services will be no less than 24 months from date of certification.				

II. AT RISK REFERRAL (Completed by representative from a Shelter or Social Services Agency or licensed mental health, medical, or legal professional)				
I, _____, certify that the child(ren) named above is at risk for abuse, neglect, and/or exploitation, and that the family needs childcare services according to the following schedule:				
Monday	Tuesday	Wednesday	Thursday	Friday
Please note: Probable duration of services will be no less than 24 months from date of certification.				

CPS and At Risk

Write a brief statement regarding the reason(s) that childcare is needed to reduce or eliminate the risk of child abuse, neglect, and/or exploitation:

CPS and At Risk Request exemption from paying a Family Fee

It is necessary to exempt the family from paying a Family Fee for the certification period. *(Title 5, §18084(c))*

PROFESSIONAL SIGNATURE	DATE	TELEPHONE
AGENCY		LICENSE/CREDENTIAL NUMBER (not required for CPS)
ADDRESS/CITY/ZIP CODE		