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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Shape  Description automatically generated with medium confidence | | **Courtesy Supervision**  **Referral** | | PLANNED MOVE  Yes  No | | CASE NAME | | |
| EMERGENT MOVE  Yes  No | | CASE NUMBER | | |
| **Placement Information** | | | | | | | | |
| NAME OF CAREGIVER(S) | | | | PROVIDER NUMBER | | PHONE NUMBER (INCLUDE AREA CODE) | | |
| ADDRESS (INCLUDE CITY AND ZIP CODE) | | | | | | TYPE OF PLACEMENT  Unlicensed  Licensed  Parent  Parent | | |
| **Child Information** | | | | | | | | |
| LAST NAME | FIRST NAME | | | BIRTHDATE | | CHILD’S LEGAL STATUS  (specify if EFC) | | IS THERE **REASON TO KNOW** CHILD IS OR MAY BE AN INDIAN CHILD? |
| 1. |  | | |  | |  | | Yes  No |
| 2. |  | | |  | |  | | Yes  No |
| 3. |  | | |  | |  | | Yes  No |
| 4. |  | | |  | |  | | Yes  No |
| **Case Information** | | | | | | | | |
| 1. Has placement occurred?  Yes  No   If yes, date of placement:  If no, date of planned placement change: | | | | | | | | |
| 1. **Health and safety visit must occur within seven (7) calendar days of a placement move.**   If requesting courtesy worker to complete 7-day visit, provide them adequate notice to arrange it.  Has 7-day H&S visit been completed?  Yes  No | | | | | | | | |
| 1. Has a walkthrough been completed?  Yes  No If no, describe plan for walkthrough: | | | | | | | | |
| 1. Identify all household members who are 16 years and older:   Have background clearances been completed for all house members listed above?  Yes  No  If no, identify household member, reason and plan for completion: | | | | | | | | |
| 1. Are there immediate concerns and/or needs related to the child’s safety and/or well-being?  Yes  No   If yes, describe concerns: | | | | | | | | |
| 1. Was the child placed with the caregiver against the Department’s recommendation?  Yes  No   If yes, describe basis for objection: | | | | | | | | |
| 1. **Placement with parents.**  Is there a safety plan in place?  Yes  No  N/A (child not placed with parent)   If yes, identify the location of safety plan in FamLink:  Describe specific needs related to coordination of services and monitoring of child safety: | | | | | | | | |
| 1. **Any other relevant information** (ex. safety and supervision plan; wellbeing needs for child or caregiver, preferred name and pronouns if permission given to disclose; service providers in-home for child or caregiver.) | | | | | | | | |
| **Sending Supervisor and Primary Worker** | | | | | | | | |
| NAME | | | TITLE | | | | TELEPHONE (INCLUDE AREA CODE) | |
| 1. | | |  | | | |  | |
| 2. | | |  | | | |  | |
| **Send referrals to the sending office’s Regional Courtesy Supervision Gatekeeper’s Mailbox** | | | | | | | | |
| [R1CourtesySupervision@dcyf.wa.gov](mailto:R1CourtesySupervision@dcyf.wa.gov)  [R2CourtesySupervision@dcyf.wa.gov](mailto:R2CourtesySupervision@dcyf.wa.gov)  [R3CourtesySupervision@dcyf.wa.gov](mailto:R3CourtesySupervision@dcyf.wa.gov) | | | | | [R4CourtesySupervision@dcyf.wa.gov](mailto:R4CourtesySupervision@dcyf.wa.gov)  [R5CourtesySupervision@dcyf.wa.gov](mailto:R5CourtesySupervision@dcyf.wa.gov)  [R6CourtesySupervision@dcyf.wa.gov](mailto:R6CourtesySupervision@dcyf.wa.gov) | | | |