|  |  |  |  |
| --- | --- | --- | --- |
| 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 [ ]  NoIf 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.)

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| **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.govR2CourtesySupervision@dcyf.wa.govR3CourtesySupervision@dcyf.wa.gov | R4CourtesySupervision@dcyf.wa.govR5CourtesySupervision@dcyf.wa.govR6CourtesySupervision@dcyf.wa.gov |