



Referral and Service Inquiry Form

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Please complete this form to refer a family, caregiver unit, or case for services.

Used for all referrals across contracted services and private pay options.

Referrals are reviewed to clarify needs, determine service fit, and identify next steps. • * Required field

SECTION 1: REFERRING PARTY INFORMATION

Name of Person Making Referral *

Phone Number

Email Address *

SECTION 2: CONTRACT AGENCY

Contract Agency *

- DSS
 KVC
 Other

If Other, please specify:

SECTION 3: SERVICE TYPE

Select all services that apply to this referral: *

- FCARSTC Foster/Adoptive Parent Support
 Children's Treatment Services: FCCM, FCMM, PETB, PASB, SDCR
 Children's Treatment Services: PRAD
 Nurturing Parenting Curriculum
 Private Pay

SECTION 4: GEOGRAPHY

Preferred Service Location

- Springfield area
 Other:

SECTION 5: FCARSTC FOSTER/ADOPTIVE PARENT SUPPORT

Complete this section only if FCARSTC was selected above

Service Structure *

- Caseworker Topic-Selected In-Service
 Assessment-Informed Intake (Initial Screening Consultation)
 Unsure -- Requesting Recommendation

Requested Topic Area(s) -- Check all that apply

Short descriptions: lcaeducationandconsulting.com/Foster-Parent-InService-Training/ • Custom training: describe in Section 9 notes.

- | | |
|---|--|
| <input type="checkbox"/> Placement Stability and Attachment | <input type="checkbox"/> Adolescent Development and Identity |
| <input type="checkbox"/> Pre-Adolescence (Ages 9-13) | <input type="checkbox"/> Structural Stability and Caregiver Leadership |
| <input type="checkbox"/> Caregiver Resilience and Family Skill-Building | |

SECTION 6: PRAD SERVICE DETAILS

Complete this section for PRAD referrals

Preferred service location for PRAD visits:

Springfield area Other:

SECTION 7: REFERRAL GOALS AND CONTEXT

Is this referral court-ordered? *

Yes No

Relevant Background Information on This Family *

History of Children's Division Involvement

Description of Presenting Problems

Summary of Treatment Goals for This Family

Expected Outcomes of Intervention

Plan for Ongoing Information Sharing and Service Coordination

Known Scheduling Issues or Preferences

SECTION 8: NURTURING PARENTING CURRICULUM

Complete for NPC referrals or if cross-referral to the course is requested

Level 1: Community / Entry Level

Primary Prevention -- Parenting Education | Approx. 5-12 sessions (min. 12 instructional hrs) | Assessment recommended

Level 2: Intervention Level

Secondary Prevention -- Court-Ordered or Agency-Referred | 12-20 sessions / 30-40 hrs | Assessment recommended

Level 3: Treatment Considerations

Tertiary Prevention -- High-Risk Families | 15+ sessions | Assessment required

More info: lcaeducationandconsulting.com/Nurturing-Skills-for-Families-Program/

Requested/Anticipated Level of Education Needed *

- Level 1: Community / Entry Level - Assessment recommended
- Level 2: Intervention Level - Assessment recommended
- Level 3: Treatment Considerations - Assessment required
- Unsure - Assessment required

Course Cross-Referral (PRAD Cases)

Preference is given to family units completing structured parenting education concurrent with supervised visits.

Are you interested in referring this case for the Nurturing Skills for Families course?

More info: lcaeducationandconsulting.com/Nurturing-Skills-for-Families-Program/

- Yes, interested in course referral
- Not at this time

SECTION 9: ADDITIONAL INFORMATION

Additional relevant information (placement name/contact, custom training needs, other concerns):

SECTION 10: FAMILY DEMOGRAPHICS

Client Address (if known)

Parent / Caregiver 1

Parent 1 First and Last Name *

DCN *

Phone or Email *

Parent / Caregiver 2

(if applicable)

Parent 2 First and Last Name

DCN

Phone or Email

Child 1

Child 1 Name *

DCN *

Age *

Child 2

(if applicable)

Child 2 Name

DCN

Age

Child 3

(if applicable)

Child 3 Name

DCN

Age

Child 4

(if applicable)

Child 4 Name

DCN

Age

PLACEMENT INFORMATION

Placement Name

Placement Address

Placement Contact