



Initial Inquiry Screening for the Family Care Center

**Referral Contact:** Nicole Chimenti, LMSW, Program Director **Direct Number and Fax:** (803) 254-1306

**Email:** nchimenti@epworthsc.org

Mother's Full Name: \_\_\_\_\_

Referred By: \_\_\_\_\_

DSS Information: *(Families must have an open case with DSS to meet referral criteria)*

DSS County involved	Name of DSS Worker	Worker Phone Number	Worker Email

**Does the mother meet referral criteria? (Check all that apply)**

<input type="checkbox"/>	Mother's substance use is the primary risk factor contributing to the potential removal of children from the home and placed in foster care
<input type="checkbox"/>	DSS understands that mother and children will live together in the Family Care Center
<input type="checkbox"/>	Mother consents to substance use treatment
<input type="checkbox"/>	Mother is willing to sign a Voluntary Placement Agreement for her children with DSS
<input type="checkbox"/>	Mother is at least 18 years of age
<input type="checkbox"/>	Mother is willing to live in a structured environment for 6 months
<input type="checkbox"/>	Mother has no history of assault and battery charges
<input type="checkbox"/>	Mother has no history of sexually offending behaviors and is not on the State or National Sex Offender Registry
<input type="checkbox"/>	Mother has no behaviors that would pose a risk to other mothers and children in the facility

**Child(ren) Information**

Full Name	Age	Gender

**Do the children meet referral criteria? (Check all that apply)**

<input type="checkbox"/>	Children are between the ages of newborn-12 years of age (over 12 may be accepted into a cottage on campus)
<input type="checkbox"/>	Children do not have a history of sexually offending behaviors
<input type="checkbox"/>	Children are not expelled from public school
<input type="checkbox"/>	Children have no behaviors that would pose a risk to other mothers and children in the facility

Comments: \_\_\_\_\_

To be completed by Family Care Center Staff:	
<input type="checkbox"/>	Date Referral Received:
<input type="checkbox"/>	Referral Declined; Reason:
<input type="checkbox"/>	Referral Accepted and Application and Background checks sent to DSS for Mother to complete