

Initial Inquiry Screening for the Family Care Center

**Referral Contact**: Charnetra Wolfe **Direct Number and Fax:** (803) 748-2815 **Email:** cwolfe@epworthsc.org

Mother’s Full Name: Referred By:

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

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| --- | --- | --- | --- |
| **­­DSS County involved** | **Name of DSS Worker** | **Worker Phone Number** | **Worker Email** |
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**Does the mother meet referral criteria? (Check all that apply)**

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

**Child(ren) Information**

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| **Full Name** | **Age** | **Gender** |
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**Do the children meet referral criteria? (Check all that apply)**

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

Comments:

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| **To be completed by Family Care Center Staff:** |
|  | Date Referral Received:  |
|  | Referral Declined; Reason: |
|  | Referral Accepted and Application and Background checks sent to DSS for Mother to complete |