



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Referral for Contracted Services

OKDHS Child Welfare (CW) and Indian CW workers complete this form to initiate Parents Assistance or Sexual Abuse Treatment Services.

Contractor to whom family is being referred:

Referred by:

- OKDHS CW
Indian CW
Other

Referred for:

- Parents Assistance Services
Sexual Abuse Treatment Services

Person making referral, Area code, Phone, Supervisor, County

Client information:

Case name, KK number, CW only, Court number, Street address, City, State, Zip, Area code, Phone

Parent(s) referred, Race, Date of birth

Child referred, Indicate child(ren) in OKDHS custody with an asterisk, Race, Date of birth

Is this a voluntary Family Centered Services case? Is family CW court-involved?

Include the current attachments for OKDHS CW referrals:

- **Child Protective Services referral:**
 - Form 04KI030E, Assessment of Child Safety

- **Voluntary Family Centered Service referral:**
 - Form 04KI030E, Assessment of Child Safety;
 - Form 04MP025E, Voluntary Family Service Agreement; and
 - Form 04KI029E, Voluntary Safety Plan

- **Permanency planning referral:**
 - Form 04MP030E, Assessment of Child Safety;
 - Form 04K1028E, Family Functional Assessment; and
 - Form 04KI012E, Individualized Service Plan (ISP)

Specify the need for treatment services. Describe the current family situation, safety threats for the children, and any related safety plans. **Attach any applicable documents,** such as court orders and Indian CW forms.

The undersigned Parent/caregiver acknowledges that pursuant to 10A O.S. §1-6-103(C)(5) certain confidential information as indicated by the checked box above regarding the child(ren) and family members will be given to the applicable service provider as necessary to secure appropriate services or treatment.

OKDHS or Tribal representative signature	Date
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Parent/caregiver signature	Date
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Parent/caregiver signature	Date
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Original – contractor
Copy – case record