

Practice Alert



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Issued by: Stevie Keeth-PDS Independent Assessment

PA #: PA21-CM-13

Independent Assessor FST Contact Form

The purpose of this Practice Alert is to notify staff of a new form that is requested to be submitted with the Residential & Specialized Placement Referral (CS-9). An important component of our Independent Assessment Process is collaborating with Family Support Team members. This form provides contact information to the assessor for those team members. A release of information will also need to be completed for those team members. We encourage staff to complete those releases by using the SS-6 and submitting it with the CS-9 packet, if those are not completed on the front end, the assessor will require their releases be completed prior to making contact with team members.

Independent Assessor FST Contact Form

Child's Name:

SSN:

Current placement address:

Current placement phone (include contact person):

Family Support Team Contact Information (include name and phone number)

Relationship

Phone number

Case Manager:	
Supervisor:	
GAL:	
Juvenile Officer:	
CASA:	
Mother:	
Father:	
Foster Parent/Facility:	
Other:	