

Referral Form

Securely email form to: childsafety1stva@gmail.com

Referral Information

* Referrer Full Name: Click or tap here to enter text.
* Date Referred: Click or tap here to enter text.
* Agency/Relationship of Referrer:Click or tap here to enter text.
* Contact Phone: Click or tap here to enter text.
* Email: Click or tap here to enter text.
* Mailing/Physical Address: Click or tap here to enter text.
* Preferred Method of Contact: [ ] Phone [ ] Email [ ] OtherClick or tap here to enter text.
* Whom is responsible for payment of services?: Click or tap here to enter text.
* Who has legal custody of the child(ren)?Click or tap here to enter text.

Service Request Details

* Service(s) Requested (check all that apply):
	+ ☐ Parent Coaching
	+ ☐ Supervised Visitation
	+ ☐ Co-parenting: Two Parents Two Homes Class (Virginia Court Approved)
	+ ☐ Child Behavior Modification by Positive Reinforcement Class
* How many visits per [week/month] is being requested? [ ] N/A or ExplainClick or tap here to enter text.
* How many hours per visit? Click or tap here to enter text.
* Where is the visit expected to take place? Click or tap here to enter text.
* Proposed start date: Click or tap here to enter text.

Attachments [ ] court orders [ ] parenting plans [ ] safety plans [ ] None [ ]  Other Click or tap here to enter text.

Custody and Legal Information

* Who has physical custody or placement? Click or tap here to enter text.
* Are there any active protective orders or safety considerations? [ ] No [ ] Yes, explain Click or tap here to enter text.
* Current court orders or parenting plan (summary): Click or tap here to enter text.

Family Information (If Applicable)

* Mother’s Name: Click or tap here to enter text.DOB: Click or tap here to enter text.
	+ Home Phone: Click or tap here to enter text.Cell: Click or tap here to enter text. Work: Click or tap here to enter text.
	+ Email: Click or tap here to enter text.
* Father’s Name: Click or tap here to enter text. DOB: Click or tap here to enter text.
	+ Home Phone: Click or tap here to enter text.Cell: Click or tap here to enter text.Work: Click or tap here to enter text.
	+ Email: Click or tap here to enter text.

Additional household members (ages, if relevant): Click or tap here to enter text.

Visit/Session Logistics

* Visit location(s) preference (e.g., program site, community location, home-based, virtual): Click or tap here to enter text.
* Proposed days/times (e.g., Mon/Wed 4–6 pm): Click or tap here to enter text.
* Expected number of participants per session: Click or tap here to enter text.
* Accessibility needs (wheelchair access, etc.): [ ] N/A [ ]  Yes, explain Click or tap here to enter text.
* Safety considerations or accommodation needed (e.g., room setup, language support): Click or tap here to enter text.

Background Information and Rationale

* Please describe how the family could benefit from the requested services:Click or tap here to enter text.
* Brief description of current concerns or goals (e.g., communication improvement, consistency in visitation, parenting plan adherence):Click or tap here to enter text.
* Prior services or interventions (if any) and their outcomes:Click or tap here to enter text.
* Any known safety risks, histories of abuse/neglect, or concerns for staff safety:Click or tap here to enter text.
* Any relevant court orders, protective orders, or conditions that staff should be aware of:Click or tap here to enter text.
* Are there school or community service referrals already in place? [ ]  No [ ] Yes; provide details)Click or tap here to enter text.

Consent, Confidentiality, and Information Sharing

* Do you authorize Child Safety First to contact the family to complete intake? [ ] Yes [ ] NoClick or tap here to enter text.
* Confidentiality acknowledgement: Client information will be handled in compliance with applicable Virginia state and federal privacy laws and agency policies. Information is shared on a need-to-know basis for service delivery and safety.
* Data retention policy acknowledgment: records will be retained as required by law and Child Safety First policy.

Acknowledgments and Terms of Service (Disclaimer and Policies)

* Important: Referral acceptance is contingent upon intake assessment, program availability, and alignment with program criteria. A referral does not guarantee services.
* Fees and payment: Responsibility for payment is defined at intake. Some services may be funded through sliding-scale. Payment arrangements will be confirmed during intake.
* Scheduling and cancellations: Appointments require notice of at least 24–48 hours. Missed appointments may incur a full fee.
* Program scope:
	+ Parent Coaching focuses on skill-building, communication, and parenting strategies.
	+ Supervised Visitation ensures child safety and adherence to court orders; may require approved visitation settings.
	+ Parent Education Classes provide education on parenting skills and child development.
	+ Co-Parenting Two Parents Two Homes (Virginia Court Approved) covers co-parenting strategies, challenges of parenting from separate homes.
	+ Child Behavior Modification by Positive Reinforcement uses evidence-based reinforcement strategies to improve child behavior; requires parental involvement and consistency.
* Termination of services: Child Safety First reserves the right to terminate services for safety concerns, noncompliance with agreements, or violations of the agreements.
* Indemnification: By requesting services, you acknowledge that Child Safety First is not providing legal advice and that services do not replace legal counsel or court orders.
* Electronic communications: Email and other electronic communications are not guaranteed to be secure. Please use secure channels for sensitive information if available.
* Governing law: This agreement and all services provided are governed by the laws of the Commonwealth of Virginia.

Signature

Full Name Click or tap here to enter text. Date Click or tap here to enter text.

Thank You for Considering Child Safety First