

## Fostering Well-Being and Medical Consultation Referral

DATE OF REFERRAL
PERSON MAKING REFERRAL
UNIT

**Information about making a referral:**

Fostering Well-Being Unit (FWB) is a team of health program specialists, nurses, pediatricians (called Regional Medical Consultants or RMC) and staff trained in accessing and coordinating medical care. Our services provide case workers, caregivers, and others with necessary information to manage the health care needs of children in DCYF or Tribal placement and care authority.

Children and youth are eligible for services if they meet the following criteria:

- In DCYF or Tribal placement and care authority
- Under age 18 (or under age 21 and participating in the Extended Foster Care Program)

Referrals to either FWB or an RMC can be made using this form. Referrals are received by FWB and are routed to the RMC as needed or requested. RMCs are available to assist via phone, e-mail, or in person. RMCs can be consulted for CPS cases, in relation to the medical factors that impact the case.

- Children and youth who have been adopted or are in a guardianship placement are not eligible for FWB services.

CHILD'S NAME	DATE OF BIRTH	FAMLINK PERSON ID
PRIMARY CASE WORKER'S NAME	CASE WORKER'S PHONE NUMBER	OFFICE
CAREGIVER'S NAME	CAREGIVER'S PHONE NUMBER (WITH AREA CODE)	
CAREGIVER'S EMAIL	<input type="checkbox"/> NO E-MAIL	
NAME OF CHILD'S PRIMARY CARE CLINIC	CLINIC PHONE NUMBER (WITH AREA CODE)	
CHILD'S PRIMARY HEALTH PROVIDER'S NAME	CLINIC ADDRESS	
COURTESY CASE WORKER'S NAME	OFFICE	
<input type="checkbox"/> Tribe has custody.	NAME OF TRIBE	TRIBAL WORKER'S NAME
		PHONE NUMBER

**REASON FOR REFERRAL REQUEST (CHECK AS MANY AS APPLY)**

- Problem filling prescription medication, obtaining medical equipment, arranging transportation for medical appointments, or accessing health care services.
- Need assistance finding a primary care doctor or other specialist.
- Explanation of medical diagnosis / treatment needed.
- Need assistance identifying and addressing any gaps in the child's medical, dental, mental health, and/or chemical dependency services.
- Caseworker and/or caregiver may need assistance managing the child's complex health needs.
- Requesting medical consultation from RMC, including possible post-adoption medical concerns, CPS intake consultation, communication problem with a health care provider, etc. **Note:** The RMCs are always a resource for consultation with FWB and DCYF, so this does not need to be specifically requested.
- Medicaid eligibility problems (e.g. Need ProviderOne card, child currently ineligible for Medicaid, etc.). This concern will be referred to the Health Care Authority, Foster Care Medical Team (FCMT) for assistance: 1-800-562-3022, ext. 15480.
- Child may meet DCYF's medically fragile policy criteria. **A referral is required when a child is considered medically fragile per [child welfare policy #45171](#).**

DESCRIBE THE DETAILS OF THIS REQUEST (Required)

- Confirm any CHET Screening Report completed within the last year is uploaded into FamLink.
- Ensure most recent Court report is available in FamLink, or mark  if N/A.
- Upload available medical records into FamLink.
- Explain to youth 13 years of age and older that a signed consent form ([14-012](#)) is necessary in order for FWB to release any information related to potential HIV/STD or reproductive health information. If the youth opts to sign this consent form, they can select who they feel comfortable in having this information, including the case worker, the doctor, the caregiver, or others.

Send referral to the Fostering Well-Being Unit at:

Email: [fwb@dshs.wa.gov](mailto:fwb@dshs.wa.gov) (include child's name in e-mail subject line) or

Fax: (360) 725-2284

Questions? (360) 725-2626 or 1-800-422-3263, ext. 5-2626

**Please take care not to include any identifying information about a child unless sent through an encrypted / secure e-mail account.**