Washington State **Department of Social & Health Services** — *Transforming lives*

Courtesy Supervision Referral

PLANNED MOVE ☐ Yes ☐ No	CASE NAME
EMERGENT MOVE ☐ Yes ☐ No	CASE NUMBER

Placement Information

NAME OF CAREGIVER(S)	PROVIDER NUMBER	PHONE NUMBER (INCLUDE AREA CODE)
ADDRESS (INCLUDE CITY AND ZIP CODE)		TYPE OF PLACEMENT ☐ Unlicensed ☐ Licensed ☐ Parent

Child Information

	LAST NAME	FIRST NAME	BIRTHDATE	CHILD'S LEGAL STATUS	IS THE CHILD NATIVE AMERICAN?
1.					☐ Yes ☐ No
2.					☐ Yes ☐ No
3.					☐ Yes ☐ No
4.					☐ Yes ☐ No

Case Information

1. Has placement occurred? ☐ Yes ☐ No

   If yes, date of placement: _____ If no, date of planned placement change: _____
   Health and Safety Visit must occur within seven (7) calendar days of a placement move.

2. Has a walkthrough been completed? ☐ Yes ☐ No   If no, describe plan for walkthrough:

3. Identify all household members who are 16 years and older:

   Have background clearances been completed for all house members listed above? ☐ Yes ☐ No

   If no, identify household member, reason and plan for completion:

4. Are there immediate concerns and/or needs related to the child's safety and/or well-being? ☐ Yes ☐ No

   If yes, describe concerns:

5. Was the child placed with the caregiver against the Department's recommendation? ☐ Yes ☐ No

   If yes, describe basis for objection:

6. Is the youth on probation? ☐ Yes ☐ No   If yes, include Probation Officer's name and contact information below:

7. **Placement with parents.** Is there a safety plan in place? ☐ Yes ☐ No ☐ N/A (child not placed with parent)

   If yes, identify the location of safety plan in FamLink:

   Describe specific needs related to coordination of services and monitoring of child safety:

Sending Supervisor and Primary Worker

	NAME	TITLE	TELEPHONE (INCLUDE AREA CODE)
1.			
2.			

Send referrals to the sending and receiving office's Regional Courtesy Supervision Gatekeeper's Mailbox:
DSHS CA R1 Courtesy Supervision
DSHS CA R2 Courtesy Supervision
DSHS CA R3 Courtesy Supervision