Referral Date



CLC4 Pre-Filing Intervention Referral Form

Specify Caretaker Type Individual Name Relationship to Youth Phone Biological Parent Phone						
Birth Date * Gender Race/Ethnicity Phone Number Month Day - None None V Living Situation Street Address - None V City Postal Code State/Province California V If youth is living in a placement, what is the placement phone number? Specify Caretaker Type Individual Name Relationship to Youth Phone Biological Parent V Expecting and Parenting Does the youth have children? * - Select - V How would you like us to work with your client? * - Select - V Dependency Contact Information Attorney Name Phone Email	outh					
Month V Day V - None - - No	ependency Case No. * First N	ame *	Last Name *			
Month						
City Postal Code State/Province City Postal Code State/Province California If youth is living in a placement, what is the placement phone number? Specify Caretaker Type Individual Name Relationship to Youth Phone Biological Parent Expecting and Parenting Does the youth have children? Select - This client is a: Select - How would you like us to work with your client? Select - Cependency Contact Information Attorney Name Phone Email	irth Date * Gende	r R	Race/Ethnicity		Phone Number	
City Postal Code State/Province California If youth is living in a placement, what is the placement phone number? Specify Caretaker Type Individual Name Relationship to Youth Phone Biological Parent Expecting and Parenting Does the youth have children? * - Select - This client is a: * - Select - Whow would you like us to work with your client? * - Select - Dependency Contact Information Attorney Name Phone Email	Month V Day V - Non	e - ∨	– None –	~		
City Postal Code State/Province California If youth is living in a placement, what is the placement phone number? Specify Caretaker Type Individual Name Relationship to Youth Phone Biological Parent Expecting and Parenting Does the youth have children? * - Select - This client is a: * - Select - Whow would you like us to work with your client? * - Select - Dependency Contact Information Attorney Name Phone Email	iving Situation	Street Address				
California Califo		~				
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Attorney Name Phone Email	his client is a: * - Select - Tow would you like us to work wi	ith your client? *				
	ependency Contact Information					
	ttorney Name Phone		Email			
Supervisor Name Phone Email			T 1			
OCFS CSW Name Phone Email	upervisor Name Phone		Email			

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Jpcoming Court Dates	(if known)				
Next Dependency Court	Date Time		Hearing	Dept. No.	
Month V Day V		linute ♥ (e) am ○ pm		v	
dditional CLC Informa	tion				
s there a companion ca					
– Select – 🗸					
s there a conflict histor	y? *				
– Select – ∨					
Any relationship (positi	ve or negative) with	another CLC client? *			
ease provide a short sur	nmary of youth's iss	ues and status of pare	nting case (e.g., inclu	de any court-ordered recom	mendatio

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