



PFI INITIAL FORM	
Date of Introductory Meeting	
Introduction	<input type="checkbox"/> Who referred the client, how we got their name <input type="checkbox"/> Confidentiality <input type="checkbox"/> What CLC does (difference between us and DCFS) <input type="checkbox"/> What lawyers and case managers do <input type="checkbox"/> Keeping families together
Where is the youth currently living?	<input type="checkbox"/> AWOL <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter* <input type="checkbox"/> Substance Abuse Treatment Facility <input type="checkbox"/> Residential Treatment Center* <input type="checkbox"/> Home of Parent(s) <input type="checkbox"/> Home of Relative <input type="checkbox"/> Home with NREFM <input type="checkbox"/> Medical Hospital <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Foster Home <input type="checkbox"/> DCFS Group Home* <input type="checkbox"/> DCFS STRTP <input type="checkbox"/> Juvenile Hall <input type="checkbox"/> Probation Suitable Placement* <input type="checkbox"/> Probation Out of State Placement <input type="checkbox"/> Probation Camp <input type="checkbox"/> Dorothy Kirby Center <input type="checkbox"/> Transitional Housing/THP <input type="checkbox"/> Living with Self or in Apartment <input type="checkbox"/> Other: _____
Is this a SILP?	<input type="checkbox"/> No <input type="checkbox"/> Yes
*If applicable, Name of Placement	
Zip Code	
Housing Notes	



PARENTING	
Number/names/ages of Children	
Is the youth a pregnant or expecting parent now?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, is the child receiving prenatal care?	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, is the child(ren) in the youth's care?	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, is the children involved in DCFS?	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes – Referral/Investigation <input type="checkbox"/> Yes – VFM <input type="checkbox"/> Yes – Open Petition
EPY Notes:	



SUPPORT SYSTEM	
With whom has the youth worked with at CLC?	
Who is part of the youth's support team? <i>Check box and include name and contact information.</i>	<input type="checkbox"/> N/A <input type="checkbox"/> Biological Parents: <input type="checkbox"/> Siblings: <input type="checkbox"/> Relatives: <input type="checkbox"/> Caregiver/Guardian: <input type="checkbox"/> Partner: <input type="checkbox"/> NREFM: <input type="checkbox"/> CASA: <input type="checkbox"/> Therapist: <input type="checkbox"/> DCFS social worker: <input type="checkbox"/> Friend: <input type="checkbox"/> Placement staff: <input type="checkbox"/> Teacher/employer: <input type="checkbox"/> Advocate:
Support team notes	



IMMEDIATE NEEDS	
Material resources	<input type="checkbox"/> Diapers <input type="checkbox"/> Wipes <input type="checkbox"/> Other baby gear: <input type="checkbox"/> Food: <input type="checkbox"/> Transportation: <input type="checkbox"/> Other:
Important documents (for self and children)	<input type="checkbox"/> ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Social security card <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Birth certificate <input type="checkbox"/> Child's birth certificate <input type="checkbox"/> Other:
INTAKE APPOINTMENT	
Date and time of in-person intake appointment:	
Location	
Contact info	<input type="checkbox"/> Cell phone: <input type="checkbox"/> Email: <input type="checkbox"/> Address: <input type="checkbox"/> Social media: <input type="checkbox"/> Back-up contact:
What we should bring	
Intake appointment notes:	