## State of Connecticut Department of Children and Families REGIONAL RESOURCE GROUP CONSULTATION REQUEST

DCF-2126 1/2023 (Rev.)



DCF Office: (or) Regional Unit: Assigned Social Worker: Social Work Supervisor: Program Supervisor: Name of Person Making Referral: Phone: Date: Case Type: □ Intake ☐ FAR ☐ Permanency □ Ongoing Services ☐ Special Investigations Unit ☐ Adolescent ☐ Foster Care Division Reason for Consultation: (check the one box that applies) There is an emergency we have become aware of in the last 24 hours. The child is in the hospital (inpatient) and is in need of discharge planning. The case needs to be reviewed for treatment recommendations due to mental health, substance use, intimate partner violence, education or medical issues. We are updating the RRG on issues from a prior consultation. Type of Consult: (check all that apply) ☐ Mental Health ☐ Intimate Partner Violence ☐ Substance Use □ Nursing ☐ Medication □ Education Case Name: Date Case Opened: DCF Legal Status: LINK #: Child's Name: Child DOB: Child Race: Child Ethnicity: Child Gender: If Yes, where?: Is Child in Placement? ☐ Yes ☐ No What are the questions for the RRG? (Expand on Reason for Consultation checked above) Brief History: (Relevant to the type of consult and questions above, Include type of substance(s) used if applicable/known, Include additional children and demographic information as applicable) Has the RRG been previously involved in this case?  $\square$  Yes  $\square$  No. If Yes, who and when?