

Dear DCF Social Worker:

The Supportive Housing for Families (SHF) Program has updated its referral form and process in Region 3 to reflect the new housing grant opportunity. Please complete the following packet and provide the supporting documents as requested.

Once the referral is received families will be randomly placed in one of the following groups:

- 1) Assigned to a **Supportive Housing for Families (SHF)** Case Manager - includes housing case management services and supports
- 2) Assigned to an **Intensive Supportive Housing for Families (ISHF)** Case Manager - includes housing case management services and supports plus vocational/employment services
- 3) Placed on the Supportive Housing for Families Wait list.

If the referral form is not complete, the packet will be sent back to you and the family will not be placed in any of the above groups until the packet is complete.

You will notice in the referral packet is a Consent Form from the Urban Institute. Urban Institute is a non-profit organization that conducts research, gathers data, and evaluates programs to inform public policies. This Consent Form is for permission to release contact information to participate in a survey if they are chosen. Not all families will be selected to participate in the survey; those who participate will be compensated. If families choose not to participate in the survey, it will not impact their ability to participate or receive services in either Supportive Housing for Families service models.

Here's a **sample script** for asking for consent to release information to RTI, e.g., what you can say to clients as you ask them to share their contact information:

*We would like to invite you to consider participating in a survey about your life and experiences. The Urban Institute, a non-profit, non-government research organization and a survey firm called **RTI** are conducting a study to determine how child welfare programs and services help families. They want to hear from people like you, who have been involved with the child welfare agency about your experiences with the child welfare system, to learn how services can be improved to better help families like yours.*

In addition to having the chance to share your experiences, every family that participates in the survey will receive a \$50 compensation for the time they spend helping with this research.

If you give us permission, we will pass on your name and contact information to the survey firm, RTI. They will contact you shortly to invite you to participate in the survey. They will then set up a time and place most convenient for you, to complete the survey. They will not share your name or contact information with anyone else. Not everyone will be chosen to participate in the survey.

You can always change your mind about participating, but we hope that you will help with this important research. Whether or not you participate will not affect your receipt of any services.

Supportive Housing for Families[®] Referral

The Supportive Housing for Families[®] Program, is a voluntary program working in partnership with the DCF Social Worker, to provide eligible DCF clients with Intensive Case Management including regular home visits, apartment search assistance, advocacy, crisis intervention and referrals to counseling services as needed. The case manager coordinates substance abuse and mental health services, and other services with the family to help meet their needs and assist them in meeting their goals with the DCF service plan. Additionally, the program assists in locating permanent, safe and adequate housing and access to housing subsidies as available.

Eligibility Criteria:

- Be 18 years of age or older
- The family must be referred by a DCF Social Worker from an ongoing services unit or, if in Intake there must be a documented plan to transfer the case to a treatment unit.
- Be homeless/at risk of homelessness and housing must be a barrier to reunification or preservation.
- A TPR or TOG must not be pending or planned for all children.
- Meet general RAP, Section 8 Family Unification Program or other subsidy requirements.
- The client, or anyone in the home must not currently or have a history of running or being involved in any way with a methamphetamine lab.
- The family must meet the income requirements necessary to receive and maintain a voucher.
- Anyone over the age of 18 years old who will be living in the home must not have any pending felony charges and must not be on the sex offender registry.
- Any adult in the household with a drug related felony conviction within the past 3 years for manufacturing, sales, distribution or possession with intent for these activities must have completed an approved drug rehabilitation program.

To Make a Referral, please fax the following 6 pages to: SHF[®] Admissions Department at 860-344-1542.

- The SHF Referral Form completed on your computer by the referring DCF worker. Please do not hand-write referrals.
- Recent (within 30 days) state criminal record check(s) for the client and all other adults (18 years and older) who plan to reside with client
- The most recent DCF Case Plan and the DCF Release of Information must also be forwarded with the referral.
- Questions? Please check with your DCF supervisor or call The Connection, Inc. Intake and Admissions Department at 860.344.0682.

SUPPORTIVE HOUSING FOR FAMILIES[®]

Referral Form

Fax to: 860-344-1542

| | | | | | |
|-------------------|--|-------------------|--|-------------|--|
| Referral Date | | Referring Office: | | DCF Region: | |
| Referring worker: | | Phone | | Email | |
| DCF Supervisor | | Phone | | Email | |
| DCF Link # | | | | Fax | |

| | | | |
|--|-------|-----------|------|
| CLIENT CONTACT INFORMATION | | | |
| Name: | DOB: | SS#: | |
| Address: | Town: | State: CT | Zip: |
| Phone 1: | Type: | | |
| Phone 2: | Type: | | |
| One town in which client wishes to live: | | | |

| | | | |
|---|--|---|---|
| CLIENT DEMOGRAPHICS | | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| Race: | <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino |
| | <input type="checkbox"/> Hawaiian/PI | <input type="checkbox"/> Native Am /Alaskan | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Asian | <input type="checkbox"/> Undisclosed | |
| Hispanic Origin: | <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Mexican | <input type="checkbox"/> Cuban |
| | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South/Central American | <input type="checkbox"/> Latino |
| Marital Status: | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Citizenship: | <input type="checkbox"/> Citizen | Immigrant: <input type="checkbox"/> Documented | <input type="checkbox"/> Undocumented |
| | | Is any family member a citizen? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Veteran Status (veteran in household?) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Primary language at home: | Primary language outside home: | | |

| HOUSEHOLD BACKGROUND (Y) Yes, No (N), or Unknown (U) | Y | N | U |
|---|--------------------------|--------------------------|--------------------------|
| Is there a convicted sex offender in the household? If yes, specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anyone in the household have a pending conviction or conviction of running a methamphetamine lab? If yes, specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a TPR or TOG planned or pending for ALL children: If yes, specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a pending felony or a non-drug related felony conviction within past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| HOUSEHOLD BACKGROUND (Y) Yes, No (N), or Unknown (U) | Y | N | U |
|---|--------------------------|--------------------------|--------------------------|
| Is there a drug related charge for manufacturing, sales, distribution or possession with intent for these activities? If yes, has the individual completed an approved drug rehab program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a felony conviction for a violent crime within the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the individual completed an approved anger management program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the client been evicted from a housing authority property in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an eviction prior to 3 years ago but the client still owes money to the HA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CURRENT CHILD WELFARE STATUS | | | |
|---|--------------------------|--|------------------------------|
| Y | N | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Client has an open DCF case | |
| <input type="checkbox"/> | <input type="checkbox"/> | Substantiated report of abuse or neglect (most recent) | Date: <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Child(ren) removed (most recent) | Date: <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior abuse investigations | Number: <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior neglect investigations | Number: <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior foster care placements of any children in family | |
| <input type="checkbox"/> | <input type="checkbox"/> | Type of report (current): <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect | |
| <input type="checkbox"/> | <input type="checkbox"/> | Case type (current): <input type="checkbox"/> Reunification <input type="checkbox"/> Family Preservation | |
| Number of children in household: <input type="text"/> | | Number of children in foster care: <input type="text"/> | |

| CURRENT HOUSING STATUS | |
|--|---|
| Where is the family currently living? | |
| <input type="checkbox"/> | Private house/apartment of own |
| <input type="checkbox"/> | With friends or relatives |
| <input type="checkbox"/> | In place not designed for sleeping accommodation for human beings (e.g. car, park, abandoned building, bus or train station, airport, camping ground) |
| <input type="checkbox"/> | Emergency shelter |
| <input type="checkbox"/> | Transitional housing |
| <input type="checkbox"/> | Hotel or motel |
| <input type="checkbox"/> | Residential substance abuse treatment* |
| <input type="checkbox"/> | Hospital (includes psychiatric hospitals)* |
| <input type="checkbox"/> | Jail/incarcerated* |
| <input type="checkbox"/> | Other, specify* |
| *If client is an institution (Residential SA treatment, psychiatric hospital, jail/incarcerated): | |

| CURRENT HOUSING STATUS | | |
|------------------------|-------------|-----------------|
| Location/Program: | Admit Date: | Discharge Date: |

| ADDITIONAL HOUSING QUESTIONS | (Y) Yes, No (N), or Unknown (U) | | |
|---|----------------------------------|--------------------------|--------------------------|
| For each of the following questions, check (Y) Yes, No (N), or Unknown (U) | Y | N | U |
| Is the client currently receiving a housing subsidy? If yes, explain type and source: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing loss imminent within 7 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 or more moves in past year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Currently living in condemned housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fleeing domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exiting residential treatment of any kind without access to stable housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family has had <i>at least one past episode of living in any of the following:</i> (a) on the street, in car, or other places not meant for habitation, (b) emergency shelter, (c) transitional housing, (d) hotel/motel, (e) institution? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has client been evicted or asked to leave housing? If yes, how many days before they need to vacate housing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of moves in the past 60 days: | <input type="checkbox"/> unknown | | |

| FAMILY NEED | | | |
|---|--------------------------|--------------------------|--------------------------|
| For each of the following questions, check Yes (Y), No (N), or Unknown (U) | Y | N | U |
| 4 or more children in household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youngest child is under 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least one child with a mental health, emotional, or behavioral problem Describe: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least one child with a developmental, learning, or physical disability Describe: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household has previously received child protective services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary caregiver has a history of abuse or neglect as a child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary caregiver was in foster care as a child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2+ domestic violence incidents in past year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary caregiver has a history of criminal justice involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary caregiver has had a substance abuse issue within the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary caregiver has a chronic health condition (i.e. physical health problem that impacts daily functioning). Describe: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary caregiver has a mental health concern/diagnosis. Describe: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| HOUSEHOLD FINANCES | |
|--|--|
| What is the combined annual household income? \$ | |
| What is the source of the income? | |

| INSURANCE | Y | N | U |
|---|--------------------------|--------------------------|--------------------------|
| Client currently covered by medical insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| HOUSEHOLD COMPOSITION | | | | |
|---|-----|-----|-------------------------------|-------------------------------|
| Will there be any other adults (age 18 or over) living in the household? Indicate name, DOB, SSN, and relationship to caregiver. | | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Name | DOB | SS# | Relationship | |
| | | | | |
| | | | | |

Children expected to live with client when housed with TCI: For "Current living situation" choose one of the following: *With Parent, Foster Care, Family Foster Care, Housed w/ Family, Residential Care, Safe Home, Star Home, Hospital, Removed from Home, or Incarcerated.* List from youngest to oldest.

| | Name of child (last, first) | SEX (M/F) | DOB | Current Living Situation | Placement Date (or n/a) | Projected Reunification Date |
|---|--------------------------------|--------------|-----|-----------------------------|----------------------------|---------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

| Parent and/or family have received or are in need of any of the following services? | | | |
|---|--------------------------|--|--------------------------|
| Service | Received or Receiving | When service began (and ended if appropriate) | Need |
| Housing Assistance | <input type="checkbox"/> | | <input type="checkbox"/> |
| Individual Therapy/Counseling | <input type="checkbox"/> | | <input type="checkbox"/> |
| Trauma-focused CBT (TF-CBT) | <input type="checkbox"/> | | <input type="checkbox"/> |
| Child FIRST | <input type="checkbox"/> | | <input type="checkbox"/> |
| Multi-Systemic Therapy (MST) | <input type="checkbox"/> | | <input type="checkbox"/> |
| Family Based Recovery | <input type="checkbox"/> | | <input type="checkbox"/> |
| Triple P (Parenting) | <input type="checkbox"/> | | <input type="checkbox"/> |
| Home Visiting (e.g. Nurturing Families) | <input type="checkbox"/> | | <input type="checkbox"/> |
| Vocational/Employment Assistance | <input type="checkbox"/> | | <input type="checkbox"/> |

| Parent and/or family have received or are in need of any of the following services? | | | |
|---|--------------------------|--|--------------------------|
| Head Start | <input type="checkbox"/> | | <input type="checkbox"/> |
| Mental Health Services | <input type="checkbox"/> | | <input type="checkbox"/> |
| Substance Abuse Services | <input type="checkbox"/> | | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | | <input type="checkbox"/> |
| Supervised Visitation | <input type="checkbox"/> | | <input type="checkbox"/> |
| Family Reconnection Services | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

| ATTACHMENTS | | |
|--|--------------------------|--------------------------|
| Applications without these 4 items will be considered incomplete and may delay services. | Y | N |
| (1) State Police criminal check for ALL adults who will be a part of the household (done within the past 30 days). <i>This is required for all individuals 18 and over to confirm initial eligibility for housing.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The most recent DCF treatment plan is attached. <i>This is required for all referrals to assist in determining eligibility and to provide information about service needs.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Has a completed and legal Release of Information been sent with the referral inclusive of parents and all children? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Did the client sign the consent to release their information to the survey firm? (Urban Institute form). Send consent form. | <input type="checkbox"/> | <input type="checkbox"/> |

INFORMED CONSENT FORM

The Urban Institute, a nonprofit, nonpartisan, policy research organization is conducting a study to determine the effectiveness of child welfare programs and services in helping families. The goal of this study is to make sure that the government does a good job running child welfare programs and related services for families like yours. For this study, the research team needs information from families who participate in programs or receive services through the child welfare agency. To do this, we have hired a survey firm to conduct a survey of families, including yours.

Survey Data

Signing the attached release form will indicate that you are open to being contacted by a survey firm. When the survey firm contacts you, they will ask if you would like to participate in a survey for a small stipend. You can say no at that point, even if you sign this form.

This survey will be an essential part of the study we are conducting, and will help to improve the services that child welfare agencies provide.

By signing this form, you will allow qualified professional interviewers at the survey firm to contact you in the future to ask you to participate in a survey. You will also give consent for information to be taken from your Connecticut Department of Children and Families administrative records and shared with the survey firm. This will only include information about your name, date of birth, and contact information and is only collected to help the survey firm get in touch with you about participating in the study. This information will only be shared with the survey firm; it will not be shared with anyone else outside that survey firm.

Privacy

The survey firm must keep all information about you confidential and will destroy any electronic or hardcopy files after the completion of the study. Your information will not be shared with any other people or entities. We hope you will participate in this study, but it is up to you. **Participation is voluntary and you can choose to end your participation at any time.** Your choice to participate will not change the services you receive now or in the future.

Please sign the release form indicating you agree to allow your information to be shared with the survey firm.



CONSENT FOR RELEASE OF PROTECTED CLIENT DATA

I authorize the Connecticut Department of Children and Families to give my contact information to a survey firm. I authorize that survey firm to contact me for a survey as a part of this study, using the information I have provided.

Signature: _____ **Date:** _____

DCF Staff: _____ **Date:** _____

CLIENT CONTACT INFORMATION
(SECTION TO BE COMPLETED BY DCF STAFF)

| | | | |
|-----------------------------|--|-------------------------------|--|
| Client Name | | Client # | |
| DOB: | | | |
| Primary phone number | | Secondary Phone Number | |
| Primary Address | | Secondary Address | |
| | | | |
| | | | |
| | | | |
| | | | |

Check here if client declines.