

Child Advocacy & Parental Support (CAPS) Referral

Please fax completed referrals to: Attn: Rosie Morehous (812) 284-5335

CAPS is a voluntary home-based case management service free to families with children 0-17 years of age who are not otherwise receiving preventative case management services. It provides short term goal oriented services to help families meet their maximum self-sufficiency potential. By connecting families with resources needed to strengthen them, as well as educating them on things such as parenting techniques, we hope to decrease the prevalence of child abuse and neglect in our communities. For questions or concerns, contact the Program Coordinator, **Rosie Morehous at 812-288-4304 ext, 328**

Please provide the information below with detail for families being referred to the program for assistance.

Client (adult) Name(s): _____

Address: _____ City/Zip code: _____ County: _____

Client's Primary Phone #: (____) _____ Secondary Phone #: (____) _____

Referring Agency/School: _____ Agency/School Contact: _____

Agency/School Phone #: (____) _____ E-mail(optional) _____

Special Considerations (Check all that apply and provide detail for items checked "yes" where applicable):

- Spanish-speaking only Family is involved with Juvenile Probation, Child Protective Services, or Healthy Families. Family is currently receiving case management services.
- Parenting Needs

1. Are the children in the home with-in target age group of 0-14?
 Yes No* (If no, what ages? _____)

2. Do family members have mental health concerns?
 - o Children— Yes No
 - o Adults— Yes No

3. Do family members abuse alcohol or other substances?
 - o Children— Yes No
 - o Adults— Yes No

4. Is domestic violence present / suspected in the home? (Circle all applicable)
 Yes No

5. Do family members suffer from health concerns?
 - o Children— Yes No
 - o Adults— Yes No

6. Do family members have a physical / mental / emotional / developmental disability? (Circle all applicable)
 - o Children— Yes No
 - o Adults— Yes No

7. Are there behavior concerns for the children—
 - o -in the home? Yes No
 - o -at school? Yes No

8. Are there problems in school for the children with—
 - o - grades? Yes No
 - o -attendance? Yes No

9. Would the family benefit financially with budget and resource referrals?
 Yes No

10. Do the Clients being referred have legal custody of the children in need of CAPS services?
 Yes No*

(please explain circumstance.)

11. Is the family aware of, and in agreement to, this CAPS referral?
 Yes No

Other concerns: _____
