EPIC, Inc.
`OHANA CONFERENCING
1130 N. NIMITZ HIGHWAY, SUITE C-210 ● HONOLULU, HI 96817
PHONE: (808) 838-7752 ● TOLL FREE: (866) 636-1644 ● FAX: (808)838-1653

REFERRAL FORM

Fax to 838-1653

CASE NAME:			**CPSS #:**
Social Worker:	UNIT:	SW Phone #:	SW Cell/Pager #:
Name of Assistant:		Assistant Phone #:	Date referred:
Supervisor:		Supervisor Phone #:	Fax #:
From: ☐ SW ☐ Family ☐ GAL ☐ Court ☐ Other:		Conference date / time preferences:	

Has `Ohana Conferencing been explained to the family? ☐ YES ☐ NO Is this a re-conference? ☐ YES ☐ NO

Harm, Allegations, & Notes (Court dates, concerns, other important info, etc.):

Purpose of Referral:
☐ Develop/Review Service Plan ☐ Find `Ohana Connections
☐ Identify Placement Options ☐ Develop Concurrent Plan
☐ Develop Reunification Plan ☐ Mediation/Conflict Resolution
☐ Case Closing/Safety Plan ☐ To Avoid Trial (Trial Date:)
☐ Develop/Review Visitation Plan ☐ Discuss Adoption/Guardianship
☐ Other:

Date Case Opened: | Number of Placements:

Any Protective Orders (TRO):: ☐ **NO** ☐ **YES** If **YES**, for whom?:

Family Ethnicity: ☐ African-American ☐ Asian ☐ Caucasian ☐ Filipino ☐ Hawaiian ☐ Micronesian ☐ Samoan ☐ Tongan ☐ Other:

Interpreter needed? ☐ **YES** ☐ **NO;** Language:

Case Status: ☐ Investigation ☐ VFS ☐ VFC* ☐ TFS ☐ TFC ☐ FS ☐ FC ☐ PC

Please attach any of these Documents: ☐ **DHS/CWS Intake,** ☐ **SFHR/SERVICE PLAN,** ☐ **PERMANENT PLAN,** ☐ **TRO**

	CHILD/REN'S NAME(S)	Client ID#	FC-S #:	DATE OF BIRTH	IN or OUT of Home	*VFCA #1 Signed	Date child/ren removed
1.			-		☐ IN ☒ OUT		
2.			-		☐ IN ☐ OUT		
3.			-		☐ IN ☐ OUT		
4.			-		☐ IN ☐ OUT		
5.			-		☐ IN ☐ OUT		
6.			-		☐ IN ☐ OUT		

	NAMES OF FAMILY / FRIENDS	RELATIONSHIP	DOB	Client ID# (if applicable)	PHONE #(s)	MAILING ADDRESS
1.		Mother				
2.		Father				
3.						
4.						
5.						
6.						
7.						
8.						

	NAMES OF PROFESSIONALS / OTHERS	AGENCY	PHONE #(s)	MAILING ADDRESS
1.		Guardian *ad Litem*		
2.		Mother's attorney		
3.		Father's attorney		
4.		Resource Caregiver(s)		
5.				
6.				
7.				
8.				