Please contact FTC staff (information below) if you do not receive

email confirmation of this referral within 2 business days.

|  |  |  |
| --- | --- | --- |
| **Date:** |  | **Submitted By:** |
| **Fax To:** | **FAMILY TREATMENT COURT** | PSW  Parent Atty  Child Atty  Other |
|  | (\*Please submit via email) | **Case Status:** ERU CDU FSU TPU |
| **Contact:** | Jennifer Pasinosky, FTC Coordinator  (415) 551-5767 / [jpasinosky@sftc.org](mailto:jpasinosky@sftc.org) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PARENT INFORMATION** | | | **CASE DETAILS** | | | |
| Parent’s Name: | | | **PETITION #(s):** JD | | | |
| DOB: | | | **CASE NAME:** | | | |
| Address: | | | Fam Reunif  Fam Maint  Supp Svcs | | | |
| Phone: | | | Next Dependency Court Date:       Time: | | | |
| Treatment Program: | | | Department:  406  425  Other: | | | |
| Treatment Start Date: | | | Hearing Type:  DET  JUR  DIS  6MR  OTH | | | |
| **SUD Assessment?**  Referred – Date:  Completed – Date:  Not referred | | | **Status of Dependency Case:** | | | |
| Referred to ***CalWorks Linkages*?**  Yes  No | | | Interpreter Needed?  Yes  No | | | |
| **CHILD(REN)’S NAME** | **DOB** | | **GENDER** | | **CURRENT PLACEMENT** | **DETENTION DATE** |
|  |  | | M  F | |  |  |
|  |  | | M  F | |  |  |
|  |  | | M  F | |  |  |
| **CONTACTS** | **NAME** | | | | **PHONE** | **FAX** (if applicable) |
| Protective Services Worker: |  | | | |  |  |
| Parent’s Attorney: |  | | | |  |  |
| Child’s Attorney: |  | | | |  |  |
| City Attorney: |  | | | |  |  |
| **CLIENT/CASE DESCRIPTON** | | | | | | |
| Prior Dependency Case? Yes  No | | | | Explain: | | |
| Prior Referral(s) to FTC?  Yes  No | | | | Explain: | | |
| Active DV Restraining Order?  Yes  No | | | | Explain: | | |
| Description of Substance Use: | |  | | | | |
| Description of Mental Health: | |  | | | | |
| Status of Criminal Charges: | |  | | | | |

FTC use only:  PSW Contacted;  Parent’s Atty Contacted;  Child’s Atty Contacted;  City Atty Contacted

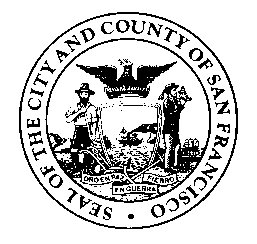
**\*\*PLEASE GIVE LAST PAGE OF THIS DOCUMENT TO THE REFERRED PARENT\*\***

**Requested / Recommended Services Checklist**

The PSW recommends the following services to available programs as long as the program meets the Department’s requirements:

|  |  |
| --- | --- |
| **Available Services** | **Status of Service**  **at Referral** |
| Substance Use Assessment |  |
| Substance Use Treatment  Residential  Outpatient  Other |  |
| CalWorks Linkages |  |
| Parenting and Attachment |  |
| Drug Testing |  |
| Mental Health Services |  |
| Housing |  |
| Transportation |  |
| Other: |  |
| **Additional Comments:** | |

There may be additional services coordinated as outlined in the participant’s FTC Treatment and Parenting Plan. The participant will sign all required release forms to initiate participation in the FTC services.

**San Francisco Family Treatment Court**

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[](http://homelessprenatal.org/index.html)

You have been referred to the **San Francisco Family Treatment Court**. To sign up, please contact your Homeless Prenatal Program

Family Case Manager.

**What is Family Treatment Court?**

Family Treatment Court (also called “FTC”) is a court-monitored program for families involved in the juvenile dependency system (also called “CPS” or “child welfare”). FTC promotes healthy, long-term family reunification by supporting parents to address their substance use, navigate the requirements of their dependency case plans, and increase their family stability. FTC uses a team approach to coordinate services, monitor progress, and help families succeed. FTC participation is voluntary and includes regular court appearances, case management, substance use treatment, parenting education, and other services.

NEW CLIENT INTAKE

Call Mark Green

(415) 964-1997

**Homeless Prenatal Program**

2500 18th Street (corner of Potrero Avenue)

(415) 546-6756