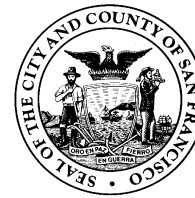


San Francisco Family Treatment Court
Initial Referral



Please contact FTC staff (information below) if you do not receive email confirmation of this referral within 2 business days.

Date: _____
Fax To: **FAMILY TREATMENT COURT**
(415) 551-4002 (*Email Submission Preferred)
Contact: Jennifer Pasinosky, FTC Coordinator
 (415) 551-5767 / jpasinosky@sftc.org

Submitted By: _____
 PSW Parent Atty Child Atty Other
Case Status: ERU CDU FSU TPU

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

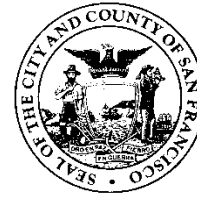
Requested / Recommended Services Checklist

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
<input type="checkbox"/> Substance Use Assessment	
<input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> Other	
<input type="checkbox"/> CalWorks Linkages	
<input type="checkbox"/> Parenting and Attachment	
<input type="checkbox"/> Drug Testing	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> 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



You have been referred to the **San Francisco Family Treatment Court**. To complete your intake, please attend drop-in hours at the Homeless Prenatal Program listed below. When you complete your intake, you will receive a date to appear for your first FTC status hearing.

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.

For more information and to sign up for FTC, please attend the Family Services Intake Group at the Homeless Prenatal Program.

NEW CLIENT REGISTRATION

**Monday & Thursday
9:00 – 11:00 AM**

**Tuesday, Wednesday & Thursday
1:30 – 3:30 PM**

No need to call first

**Homeless Prenatal Program
2500 18th Street (corner of Potrero Avenue)
(415) 546-6756**