



FOR YOUR INFORMATION

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Issue 25-02

Date: 02/14/2025

PLACEMENT REFERRAL FORM

This purpose of this FYI is to introduce staff to the [Placement Referral Form](#) that will be utilized effective **2/18/2025**. The [Placement Referral Form](#) combines information from the DCFS 709, Foster Child's Needs and Case Plan Summary, DCFS 6017, Emergency Access and Placement Referral Form, and DCFS 6090, STRTP-Emergency Placement, FFA-ESC (21 Days), or Resource Family ESC (14 Days) Referral Form; thereby cancelling those forms.

Please note that after **2/17/2025**, the DCFS 709, DCFS 6017, and DCFS 6090 will be unavailable on CWS/CMS as well as also be inaccessible in the Forms Section on LA Kids.

When to Use the Placement Referral Form

The [Placement Referral Form](#) is to be used for all children being placed in out-of-home care, regardless of placement type. The [Placement Referral Form](#) is also to be utilized when referring a child to Transitional Shelter Care Facilities (TSCF), the Emergency Placement Unit (EPU) and the Placement Support Division (PSD)/Centralized Placement Project (CPP), formerly known as the Accelerated Placement Team (APT).

The [Placement Referral Form](#) can be located in the CWS/CMS Forms Section or in the [DCFS Forms Section](#) on [LA Kids](#).

Guidelines for Communication and Roles and Responsibilities:

Centralized Placement Project (CPP)

The following is applicable to those offices that are participating in CPP only:

CPP supports collaboration with regional offices to conduct both preventative placement and emergency placement searches, to prevent a child/youth entering shelter care or remaining homeless. Searches include but are not limited to, Resource Family Homes (RFH), Foster Family Agency (FFA) and Short-Term Residential Therapeutic Program (STRTP). CPP links the region to other specialized programs (MCMS, Regional Center, non-contracted placements, etc.) based on the need of the child/youth. By CPP conducting the search, the region can focus on other case related needs such as family engagement, CFTs, visits, etc.

Regional CSW Responsibilities

1. Send **ALL** placement search requests to the [EXD-DCFS APT](#) inbox for CPP assignment.
2. Continue relative and NREFM searches for placement.

If you have any questions regarding this release, please e-mail your question to:

Policy@dcfs.lacounty.gov

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3. Submit all of the correct signed documentation (as described in CPP Process)
 - a. [Placement Referral Form](#) (replaces DCFS 6017 and DCFS 709); complete all fields that apply.
 - b. Automated 280 (can be printed as a PDF from FCSS), if entering TSCF
 - c. Psychotropic Medication Authorization (PMA), if applicable
4. Submit a Qualified Individual (QI) Assessment via LA Kids Referral Portal, only for children needing a higher level of care.
5. Provide consulting time with the CPP Spokesperson (SP) to discuss barriers to placements, strengths of the child/youth, and placement location options.
 - a. The CPP SP will arrange the consult.
 - b. The CPP SP can be contacted for updates at any time, as needed. The CPP SP's contact information will be provided during the initial consultation and/or via email. In addition, the [EXD-DCFS APT](#) inbox can also be contacted for any updates.
6. Once a placement is located, submit an [Automated DCFS 280](#) for placement paperwork and inputting the placement on CWS/CMS.
7. Transport the child/youth to the located placement.

CPP SCSW Responsibilities

1. Review the search packet provided by the Region and assign the search to a CPP CSW.
2. Discuss the case with CPP CSW if any questions arise.
3. Discuss the case with the Regional CSW/SCSW, if needed to resolve any issues that may occur.

CPP CSW Responsibilities

1. Receive and review the case assigned by CPP SCSW.
2. The CPP SP will contact the Regional CSW to consult to discuss the Placement Referral Form regarding barriers to placements, strengths of the child/youth, and placement location options.
3. Search and locate appropriate placement.
 - a. The CPP SP will reach out to the Regional CSW to provide information on any potential leads or for follow-up, as needed.
 - b. Document ALL search efforts into CWS/CMS's Contact Notebook section as a Delivered Service by the end of work shift.
 - c. Once placement is located contact the Regional CSW via telephone or email to ensure that placement is appropriate. Once the Regional CSW/SCSW is in agreement with the located placement, secure the placement and provide all necessary information to the Regional CSW.

Non-CPP Regional Offices

Those offices that are not yet a part of CPP may still send placement search requests to Placement Support Division (PSD) when they are having trouble locating a placement at the regional level. PSD will conduct both preventative placement and emergency placement searches, to prevent a child/youth entering shelter care or remaining unhoused. Searches include but are not limited to, RFH, FFA and

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STRTP. PSD links the region to other specialized programs (MCMS, Regional Center, non-contracted placements, etc.) based on the need of the child/youth.

Regional CSW Responsibilities

1. Send preventative and emergent placement search requests to the [EXD-DCFS APT](#) inbox for PSD assignment.
2. Continue relative and NREFM searches for placement.
3. Submit all of the correct signed documentation:
 - a. [Placement Referral Form](#) (replaces DCFS 6017 and DCFS 709); complete all fields that apply.
 - b. Automated 280 (can be printed as a PDF from FCSS), if entering TSCF
 - c. Psychotropic Medication Authorization (PMA), if applicable
4. Submit a Qualified Individual (QI) Assessment via LA Kids Referral Portal, only for children needing a higher level of care.
5. Provide consulting time with the PSD Spokesperson (SP) to discuss barriers to placements, strengths of the child/youth, and placement location options.
 - a. PSD SP will arrange the consult.
 - b. PSD SP can be contacted for updates at any time, as needed
6. The placement search at the regional level should not be closed and the regional TA should still be conducting placement searches for alternative placements, such as Relative and/or NREFM homes, ISFC, TILP/SILP/TLS.
7. Once a placement is located, submit an [Automated DCFS 280](#) for placement paperwork and inputting the placement on CWS/CMS.
8. Transport the child/youth to the located placement if needed.
 - a. If child/youth is at TSCF then PSD/PAS will generate placement paperwork and transport the child/youth to placement.
 - i. If PSD or Placement Assistant Staff (PAS) generate placement paperwork and transport the child/youth to placement, submit an [Automated 280](#) Placement Packet Request to have the FC 2 and SOC 158 completed and submitted to the case carrying Eligibility Worker.

PSD SCSW Responsibilities

1. Review the search packet provided by the Region and assign the search to a PSD CSW.
2. Discuss the case with PSD CSW if any questions arise.
3. Discuss the case with the Regional CSW/SCSW, if needed to resolve any issues that may occur.

PSD CSW Responsibilities

1. Receive and review the case assigned by PSD SCSW.
2. The PSD SP will contact the Regional CSW to consult to discuss the Placement Referral Form regarding barriers to placements, strengths of the child/youth, and placement location options.
3. Search and locate appropriate placement.

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- a. The PSD SP will reach out to the Regional CSW to provide information on any potential leads or for follow-up, as needed.
- b. Document ALL search efforts into CWS/CMS's Contact Notebook section as a Delivered Service by end of work shift.
- c. Once placement is located contact the Regional CSW via telephone or email to ensure that placement is appropriate. Once the Regional CSW/SCSW is in agreement with the located placement, secure the placement and provide all necessary information to the Regional CSW.
4. Arrange transportation of the child/youth to the located placement.
 - a. PSD/PAS will generate placement paperwork and transport the child/youth when the child/youth is housed at TSCF.
 - b. PSD will process the placement on CWS/CMS within 24-48 business hours after the placement has taken place.
 - i. The Regional CSW still needs to submit an [Automated 280](#) Placement Packet Request to have the FC 2 and SOC 158 completed and submitted to the case carrying Eligibility Worker.

Please be advised that PSD has a 24-hour phone number: (213) 437-9855. This number can be used at any time for immediate assistance.

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PLACEMENT REFERRAL FORM
(Replaces DCFS Forms 709, 6017, and 6090-used for TSC
FACILITIES, EMERGENCY PLACEMENT UNIT (EPU), RFH-EPU (14-DAYS))

Complete all fields that apply.

TRANSITIONAL SHELTER CARE (TSC) FACILITY: <input type="checkbox"/> New Detention <input type="checkbox"/> Nonminor Dependent (NMD) <input type="checkbox"/> Replacement <input type="checkbox"/> 14 day Notice				<input type="checkbox"/> Accelerated Placement Team (APT) /EMERGENCY PLACEMENT UNIT (EPU) Placement for Child/Youth/NMD who requires temporary placement (FFA-EPU and RFH-EPU) until an appropriate placement is available. Submit the DCFS 179 and Current PMA to EXD-DCFS_APT@dcfs.lacounty.gov Placement Support 24/7: (213) 437-9855			
Referral Date:			Referral Number:		Primary Language:		
Case Date:			Case Number:				
DCFS Child's Name: Child part of sibling set? Yes <input type="checkbox"/> # of siblings: No <input type="checkbox"/>			Date of Birth:		Age: Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Intersex		
Sexual Orientation/Gender Identity and Expression (SOGIE) Disclaimer: Engage youth around their SOGIE, before this information is indicated on the form. SOGIE should be asked and not assumed. Per DCFS policy, the youth must consent to this information being shared and can decline to provide information. Different scenarios may arise on a case-by-case basis regarding LGBTQ+ children/NMDs. For any concerns related to confidentiality prior to the disclosure of SOGIE information, CSWs and SCSWs may conference and/or consult with County Counsel.							
Youth consents to their SOGIE being shared <input type="checkbox"/> Youth Declines to their SOGIE being shared <input type="checkbox"/> Youth's preferred pronouns: Does youth self-identify with respect to sexual orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does youth self-identify? Choose an item. Does youth self-identify with respect to gender identity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does youth self-identify? Choose an item. How does youth express their gender? Choose an item.							
CSW/SCSW/ARA/RA CONTACT INFORMATION							
Regional Office: Choose an item.							
CSW Name:		CSW Phone:		CSW Cell Phone:			
SCSW Name:		SCSW Phone:		SCSW Cell Phone:			
ARA Name:	Phone:	RA Name:	RA Phone:				
Section A							
List Strengths of Child/ Youth:							
Description of youth's mental health needs and level of functioning or the youth's behaviors/symptoms/developmental factors exhibited that are of concern?:							
Is youth connected to Mental Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Therapist Name and Contact Number: <input type="checkbox"/> Wraparound Provider Name/Number: <input type="checkbox"/> IFCCS Provider Name/Number:					
What psychotropic medication is youth currently taking (include diagnosis medication is addressing)?		Medication/medical supplies with the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is youth connected to a psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Psychiatrist Name and Contact Number (if known):					
Psychotropic Medication Authorization (PMA) on file? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Any known medical conditions (include diagnosis if known) :							
What non-psychotropic (medical) medications is youth currently taking (if known)?							
Regional Center involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Known If yes, Regional Center Name _____ Service Coordinator _____ Phone _____							
Is the child/youth able to handle his/her/their own allowance and other cash resources? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Reason for Detention/ Replacement:							
Current Placement:		Visitation Plan (include with who & Attach visitation plan if any): <input type="checkbox"/> Monitored <input type="checkbox"/> Unmonitored <input type="checkbox"/> Special Instructions					
Case Status: <input type="checkbox"/> ER <input type="checkbox"/> FR <input type="checkbox"/> FM <input type="checkbox"/> PP <input type="checkbox"/> VFR <input type="checkbox"/> NMD		Number of Prior Placements:					
Child/Youth is currently enrolled or being referred to the following programs: <input type="checkbox"/> IFCCS <input type="checkbox"/> Regional Center <input type="checkbox"/> Medically Fragile <input type="checkbox"/> STRTP <input type="checkbox"/> CSEC Unit <input type="checkbox"/> ILP Services							
Does the Child/Youth meet STRTP requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous EPU placements:		Previous STRTP placements:			
This Child/Youth is:		Concerns of Child/Youth (describe in detail in the comment section)					

Currently in EPU placement <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently on Probation: <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Mental Health/Behavior Needs
Overstay at the TSC <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chronic-Away from Care	<input type="checkbox"/> Previous Diagnosis:
Identified as CSEC <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Emotional Abuse <input type="checkbox"/> General Neglect	<input type="checkbox"/> Substance Abuse (list drug of choice)
Is a CSEC Recruiter <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Other (<i>specify</i>):
Respite Care <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> IEP
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No List Allergies:	Comments:	
CORE PRACTICE MODEL INFORMATION		
Engagement: Have you talked with youth about placement? What does the youth want?		
Teaming: Who is part of the child's team now? List the names and contact information for any individuals (i.e. formal/informal supports) important to the youth (if known):		
Assessment and Planning: What do the youth, family, and other team members see as the youth's 3 most critical needs?		
Section B		
Where is youth currently? <input type="checkbox"/> DCFS Office <input type="checkbox"/> In Placement <input type="checkbox"/> Other (Explain:)		
Previous Placements:		
History of previous hospitalizations?		
What search efforts have been made today? (Attach documentation of placement search efforts)		
Mother's Name:	Father's Name:	Other Family Contact:
Mother's Zip:	Father's Zip:	Other Family Contact Zip:
Phone:	Phone:	Phone:
List the placement resources explored including relatives and Non-Relative Extended Family Members (NREFM). Please specify which relative(s) and/or NREFMs were explored, the date of the latest attempt, and the outcome:		
CSW Signature:		Date:
SCSW Signature:		Date:
ARA & RA Signatures must be obtained <u>prior</u> to transporting youth to a Transitional Shelter Care (TSC) Facility:		
ARA Signature:		Date:
RA Signature:		Date:
<p>Note: For approval to transport a child/youth to a TSC Facility, contact the Placement Support Division (PSD) TSCF Intake SCSW at (323) 409-4401 or (424) 758-9014. Email completed forms to: EXD-DCFS_APT@dcfs.lacounty.gov:</p> <ul style="list-style-type: none"> • DCFS 280 • The most recent PMA on file for each child/youth (if applicable) 		
<p>Confidential Information: All information contained in this document and any information exchanged during the client's placement, is strictly confidential. This information is protected by federal and state laws governing mental and medical health records and privacy, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and Welf. & Inst. Code 827. It is intended solely for the purpose of service planning and addressing the client's needs. Its purpose is to guide treatment decisions, interventions, and support strategies aimed at meeting the client's specific needs and promoting their wellbeing. It is not intended for any other use or disclosure. Unauthorized disclosure or use of this information is strictly prohibited. Please be aware that mental health diagnosis are not static and may change over time. The information presented in this document reflects the current understanding of the client's mental health condition based on available assessments and clinical observations at the time this document was signed. Mental health diagnoses are subject to reevaluation by a qualified professional and may evolve as the client's circumstances and symptoms change. By accessing or using this information, you acknowledge and agree to adhere to the principles of confidentiality, limited use, and an understanding of the fluid nature of mental health diagnoses as outlined in this disclaimer.</p> <p>Caregiver reviewed, understands and agrees to support the child's case plan as described above. Caregiver has determined the child is compatible with others in the home. Caregiver agrees to keep all of the child's case information confidential. Caregiver acknowledges receipt of the Health and Education Passport with the above information included or an explanation of why the information is not included.</p>		
Caregiver Signature:		Date: