

REFERRAL FOR CHILD-SPECIFIC RECRUITMENT (PPAI)



EVOLVE
Adoption & Family Services

When complete, send to: aharvey@evolveservices.org

REFERRING WORKER INFORMATION:

Name: _____

Phone: _____

Fax: _____

Email: _____

How do you prefer to be contacted? In-person Phone Email

YOUTH INFORMATION:

Name (First, Middle & Last): _____

Pronouns: _____

Date of Birth: _____

Gender: _____

Race/Ethnicity: _____

ICWA? Yes No

Tribe Information: _____

Number of Siblings: _____

Are siblings being placed together? Yes No

Approval for sibling separation done? Yes No

If siblings are being recruited for together, please provide the sibling information (DOB, Gender and Ethnicity). (If siblings are to be recruited for separately, please complete a separate referral form). _____

CHILD'S HISTORY

TPR Date: _____

Reason for Removal: _____

CURRENT PLACEMENT INFORMATION

Name of Foster Parents or Program/Staff Contact: _____

Address: _____

Phone: _____

Email: _____

Date youth entered this placement: _____

Name of School/Staff Contact: _____

Tell us a bit more about this youth : _____
