



Family Support Services
OF NORTH FLORIDA INC.

Call (904) 265-8118 to submit referral by phone, Fax referral to (904) 265-6905
Or

Submit referral by email to Duval.PreservationIntake@fssnf.org
In email subject line indicate "STEPS" or "High Risk Newborn"

FAMILY PRESERVATION PROGRAM

- STEPS
High Risk Newborn (Duval County Only)

PLEASE PRINT

Referral Date:
Referred By Individual:(Name/Title)
Referral Agency:
Email:
Phone # of person referring
DCF-Name & Email of Supervisor

CLIENT AND FAMILY INFORMATION

Parent(s)/Caregiver Name: (Last) (First)

SS#: Date of Birth: Race:

Relationship to Children: Marital Status:

Address: Apt/Lot: Zip:

Home Phone: Work or Cell Phone:

Is parent/caregiver currently employed? Yes No

If "Yes," specify where how long:

Parent(s)/Caregiver Name: (Last) (First)

SS#: Date of Birth: Race:

Relationship to Children: Marital Status:

Address: Apt/Lot: Zip:

Home Phone: Work or Cell Phone:

Is parent/caregiver currently employed? Yes No

If "Yes," specify where
how long: _____

Has the family been referred to other community resources? Yes No

If "Yes," specify: _____

Child/Children's Name:	DOB	SS#	Race/Gender	School

(Use separate sheet of paper for additional children)

Primary Services Needed

- In-Home Parenting
- In-Home Parenting of Teens
- In-Home Budget Training (STEPS Cases Only)
- In-Home Behavior Modification (STEPS Cases Only)
- Case Management only to follow up on referrals completed by CPI (STEPS Cases Only)

Describe the family's needs

of FSN Priors: _____ **FSFN Intake #:** _____

Does any member of the family have a violent history? Yes No

Date CPI opened investigation? _____

Expected closure date? _____

Was the child seen by the Child Protective Team? Yes No

If yes, list the date: _____ ***Must attach the CPT report**

RISK LEVEL: Low Risk _____ **or Moderate Risk** _____