

Information on children in the family not in need of placement:

Child's Name:	Age	Sex	DOB	Special Needs/ Behavior	School/ Daycare

Reason for Placement:

When is placement needed? _____ Approximate Length of Placement _____

Both Parents Involved: ___ YES ___ NO

Do both parents have legal custody of the child(ren)? ___ YES ___ NO

Other Legal Custodians: _____

Has family placed with Safe Families before? ___ YES ___ NO

Safe Families makes every effort to place siblings together, but if that is not possible, is splitting up the children acceptable with parents/legal guardian(s)? ___ YES ___ NO

NOTES: _____

To submit, please scan and email to referrals@dc127.org

For questions, please call us at (202)-670-1145

For Safe Families Office Purposes:

Staff Manager: _____

Placement Documents Distributed? ___ YES ___ NO Placement Documents Completed: ___ YES ___ NO

MSG1 _____ MSG2 _____ MSG3 _____

Date of Placement: _____ Host Families Involved: _____

Notes: _____