



Communities for Families Preliminary Intake

Agency Information

Initial Inquiry Date: _____

Name of Agency: _____

Phone Number: _____

Main Point of Contact/Caseworker: _____

Phone Number: _____

Email: _____

Supervisor: _____

Main Phone Number: _____

Fax Number: _____

Email: _____

Parent or Guardian Information

Mother's Name: _____

Main Phone Number: _____

Email: _____

Other form of contact: _____

Address: _____ Children reside here: YES NO

Father's Name: _____

Main Phone Number: _____

Email: _____

Other form of contact: _____

Address: _____ Children reside here: YES NO

Has either parent experienced domestic violence? YES NO

Is domestic violence currently present? YES NO

Family Information

Information on children in need of placement:

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

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

Child's Name	Age	Sex	DOB	Special Needs / Behavior Concerns	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

Communities for 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)-670-114