



Permanency Services Referral Form

Family Engagement Program:

GOBHI partners with ODHS Child Welfare to provide relative search and engagement services that support relationship permanency for children and youth. Services include identifying and engaging birth family members and other supportive adults, developing comprehensive contact lists and family trees and genograms, supporting appropriate family contact, and facilitating family meetings when appropriate or necessary to promote stability and long-term support regardless of placement.

Services are time-limited, typically provided for up to six months, and are available to children and youth of any age with permanency plans of reunification, adoption, guardianship, or APPLA.

*When referring a sibling group a separate referral must be completed for each child.

**Do not submit this form without supervisor approval.

Your email address:	
Date referred to GOBHI:	
Date this referral was staffed:	
With whom was it staffed?	

Caseworker name:	
Caseworker phone number:	
Caseworker email:	

Supervisor name:	
Supervisor phone number:	
Supervisor email:	

Branch manager name:	
Branch manager phone number:	
Branch manager email:	

Child's Information

Child's legal name:	
Child's date of birth:	
Child's ODHS case number:	
Child's gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Genderqueer/Gender-expansive <input type="checkbox"/> Agender <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Genderfluid <input type="checkbox"/> Questioning <input type="checkbox"/> Other:	
Child's preferred pronouns:	
Sibling referred?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown
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Child's race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> American Indian/Alaska Native and Black <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> Unknown	
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**A referral cannot be accepted with incomplete information on the following questions.

Child's current permanency plan: <input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> APPLA

Additional information regarding permanency plan:

Current Placement Information:

(Please provide complete information)

Current placement name:	
Current placement phone number:	
Current placement address:	
Current placement email:	
Is this placement a BRS or psychiatric residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

History of Family Engagement:

Has a relative search been completed by ODHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s) relative search completed:	
Has any further search or engagement work been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Does the youth currently have contact with any relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

Please submit completed form to familysearch@gobhi.org