



EPIC, Inc.  
 OHANA CONFERENCEING  
 1130 N. NIMITZ HIGHWAY, SUITE C-210 • HONOLULU, HI 96817  
 PHONE: (808) 838-7752 • TOLL FREE: (866) 636-1644 • FAX: (808)838-1653

# REFERRAL FORM

Fax to 838-1653

<b>CASE NAME:</b>					<b>CPSS #:</b>	
Social Worker:		UNIT:	SW Phone #:		SW Cell/Pager #:	
Name of Assistant:			Assistant Phone #:		Date referred:	
Supervisor:			Supervisor Phone #:		Fax #:	
From: <input type="checkbox"/> SW <input type="checkbox"/> Family <input type="checkbox"/> GAL <input type="checkbox"/> Court <input type="checkbox"/> Other:			Conference date / time preferences:			
Has `Ohana Conferencing been explained to the family? <input type="checkbox"/> YES <input type="checkbox"/> NO			Is this a re-conference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Harm, Allegations, & Notes (Court dates, concerns, other important info, etc.):						
Purpose of Referral: <input type="checkbox"/> Find `Ohana Connections <input type="checkbox"/> Develop/Review Service Plan <input type="checkbox"/> Develop Concurrent Plan <input type="checkbox"/> Identify Placement Options <input type="checkbox"/> Mediation/Conflict Resolution <input type="checkbox"/> Develop Reunification Plan <input type="checkbox"/> To Avoid Trial (Trial Date: ) <input type="checkbox"/> Case Closing/Safety Plan <input type="checkbox"/> Discuss Adoption/Guardianship <input type="checkbox"/> Develop/Review Visitation Plan <input type="checkbox"/> Other:			Date Case Opened:		Number of Placements:	
			Any Protective Orders (TRO):: <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, for whom?:			
			Family Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other:			
			Interpreter needed? <input type="checkbox"/> YES <input type="checkbox"/> NO; Language:			
Case Status: <input type="checkbox"/> Investigation <input type="checkbox"/> VFS <input type="checkbox"/> VFC* <input type="checkbox"/> TFS <input type="checkbox"/> TFC <input type="checkbox"/> FS <input type="checkbox"/> FC <input type="checkbox"/> PC						
Please attach any of these Documents: <input type="checkbox"/> DHS/CWS Intake, <input type="checkbox"/> SFHR/SERVICE PLAN, <input type="checkbox"/> PERMANENT PLAN, <input type="checkbox"/> TRO						
CHILD/REN'S NAME(S)	Client ID#	FC-S #:	DATE OF BIRTH	IN or OUT of Home	*VFCA #1 Signed	Date child/ren removed
1.		-		<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		
2.		-		<input type="checkbox"/> IN <input type="checkbox"/> OUT		
3.		-		<input type="checkbox"/> IN <input type="checkbox"/> OUT		
4.		-		<input type="checkbox"/> IN <input type="checkbox"/> OUT		
5.		-		<input type="checkbox"/> IN <input type="checkbox"/> OUT		
6.		-		<input type="checkbox"/> IN <input type="checkbox"/> OUT		
NAMES OF FAMILY / FRIENDS	RELATIONSHIP	DOB	Client ID# (if applicable)	PHONE #(s)	MAILING ADDRESS	
1.	Mother					
2.	Father					
3.						
4.						
5.						
6.						
7.						
8.						
NAMES OF PROFESSIONALS / OTHERS	AGENCY	PHONE #(s)		MAILING ADDRESS		
1.	Guardian <i>ad Litem</i>					
2.	Mother's attorney					
3.	Father's attorney					
4.	Resource Caregiver(s)					
5.						
6.						
7.						
8.						