

**Charlottesville – Albemarle Family Treatment Court (FTC)
Initial Eligibility Referral Form**

Parent Full Name (First, Middle, Last): _____ SSN: _____ DOB: _____

Mailing Address: _____ Zip Code: _____

Parent's Phone(s): Home: _____ Cell: _____ Work: _____

Parent's Email: _____

Child's Name: _____ Placement: _____ D.O.B.: _____ SSN: _____

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Child's Name: _____ Placement: _____ D.O.B.: _____ SSN: _____

Child's Name: _____ Placement: _____ D.O.B.: _____ SSN: _____

DSS Worker: _____ DSS plans to pay for services, if appropriate? Y N

Participant will begin treatment once assessed/assigned by Region Ten and DSS funding letter is received? Y N

Participant has insurance? Y N Name of insurance(s) _____

Are there domestic violence issues in this case? Y N Housing Issues? Y N Other? _____

Current Driver's License? Y N OR Suspended License? Y N Has parent had prior termination of parental rights? Y N

GAL: _____ Phone: _____

Therapist/Agency: _____ Phone: _____

Mom's Attorney: _____ Phone: _____

Dad's Attorney: _____ Phone: _____

Other Providers/Agencies: _____

I. PRESUMPTIVE QUALIFYING CHARACTERISTICS:

___ There is a Civil Petition for: (Circle one) abuse /neglect custody protective order CHINS services or supervision ; AND,
___ Individual is the primary caregiver of a child at risk of or removed from the home, and is known to have a substance abuse issue.
Collateral information (i.e., legal involvement, police involvement, other indicators that will help assess level of need): _____

Check appropriate line(s) for this referral:

___ Individual tested positive for drugs. Drug(s)/Date(s): _____

___ Individual states that s/he is a drug user. Drug(s) of choice: _____

___ Individual's family, friends, attorney, etc. state that s/he is a drug user. Behaviors witnessed: _____

___ Individual is a voluntary participant

___ Does the individual participate in a methadone/suboxone maintenance program.

II. DISQUALIFYING CHARACTERISTICS:

___ Individual is not a resident of the City of Charlottesville or County of Albemarle, Madison, Greene, Louisa, Nelson, or Fluvanna.

___ Individual is under the age of 18 years.

___ Individual has been convicted of an offense which constitutes felony assault or felony bodily wounding resulting in serious bodily injury where the victim of the offense was a child of the individual, or a child who resided with the individual, or another family member who resided with the individual at the time of the offense.

___ Individual has been convicted of an offense which constitutes sexual assault where the victim of the offense was a child of the individual, or a child who resided with the individual, or another family member who resided with the individual at the time of the offense.

___ Individual has been convicted of an offense which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy, or solicitation to commit any such offense where the victim of the offense was a child of the individual, or a child who resided with the individual, or another family member who resided with the individual at the time of the offense.

___ Individual is incompetent, or is suffering from an unstabilized mental disorder, or has demonstrated a failure to follow a medical regime of treatment for a mental disorder.

___ Individual has functional or cognitive impairments that would inhibit effective participation in the program.

___ Individual suffers from advanced terminal illness.

___ Other: _____

Preparer's Signature/Agency/Title: _____

Email: _____ **Phone:** _____ **Date:** _____

Email to: Ms. Leslie A. Pryor, FTC Coordinator

Email: Leslie.Pryor@regionten.org **Phone:** (434) 906 - 4730

Date Received: _____ **Eligible for Consideration:** Y___ N___ **Date of Assessment:** _____ **Date of Eligibility:** _____

Date Reviewed for Eligibility: _____ **Accepted / Rejected** **If rejected, rationale for rejection:** _____