## COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## FAMILY CENTERED SERVICE REQUEST - SERVICE AUTHORIZATION (PAGE 1 OF 2)

The Safety of A Child is our First Priority

NEW REFERRAL		QUEST #:	Request Date:	
FAMILY PRESERVATION	ALTERNATIVE RESPONSE	Skid Row	PFF	
REFERRED FOR: STATE ID/ SERI CHILD LAST	AL#: FIRST	CWS/CMS CAS	SF #	
FAMILY LAST	CWS/CMS REFERRAL #			
UPDATE CASE FOR: FP NUMBER:or STATE ID/ SERIAL#:				
EXTEND SERVICES TER TRANSFER (TRANSFER	MINATION Date: Case Closure Reason Code: Out of AGENCY:		Into AGENCY:	
			INIO AGENCY.	
B. SERVICE TYPE/ASSIGNMENT (To be completed by Community -Based Laision (CBL))				
EFFECTIVE DATE:	AGENCY:	1 MONTH 2 4T	3 MONTHS	6 MONTHS
Service Type: FAMILY PRESERVATION:		SITIONAL SERVICES	e me me e	
Other Family Centered Services:		LIMITED WIFICATION		
ADD/REMOVE Agency: ADD	* (Complete Section C. with ADD Ager	YEM YA	dding/Removing, provide Agen	cy & Effective Date)
ASSIGNMENT CORRECTION (i.e. Correcting Effectives, et al. Specify Instructions in Comments Section Below)				
COMMENTS: CORRECT EFFECTIVE DATE(s)				
C. PRIMARY CAREGIVER				FF. DATE:
LAST NAME	'RST I F	ETHNICITY DOB	LANGUAGE ENGLISH	SPANISH  OTHER
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO.		RELATIONSHIP(S) TO CHILDREN		
OTHERS (ADULTS IN HOME)				
D. CASE INFORMATION	CHANGE	LETINIOTY LOOP		FF DATE:
CASE LAST NAME	CASE FIRST NAME	ETHNICITY DOB	LANGUAGE ENGLISH S	SPANISH OTHER
CSW LAST NAME	CSW FIRST NAME	CSW FILE NO.		
CSW PHONE NO.	CSW FAX NO.	SPA	OFFICE	
SCSW LAST	SCSW FIRST	SCSW PHONE NO.		
CBL LAST NAME	CBL FIRST NAME	CBL PHONE NO.	CBL FAX NO.	
OSE D. C. TWINE				
E. CHILD INFORMATION	CHANGE			DATE:
LAST NAME	FIRST NAME	DOB N	M/F OPEN DCFS	REMOVE
				<del></del>