AB 429 - FAMILY REUNIFICATION (FR)
NOTIFICATION GRAM TO DPSS GAIN SERVICES WORKERS

For Linkages offices, Parts I & II are completed by Linkages GSW for new referrals. For non-Linkages offices, the unit clerk in consultation with the SCSW completes Parts I & II and emails the referral to FR Central Liaison Deborah Reed at deborahreed@dpss.lacounty.gov. Part III is always completed by the CSW for termination or an extension request.

DCFS 5230 Disposition by the Linkages GSW: (for non-Linkages offices, disposition to be completed by the Central FR liaison above)

☐ Referral processed as noted below.
☐ Referral not processed; parent not eligible (e.g., undocumented adult, SSI recipient, etc.) to FR because: _____

	Attention: CalWORKs District Office	Attention: GAIN Region
Office Name/Number:		
FR Liaison:		
Phone #:		
Email:		

PART I (Please print)

MOTHER'S NAME (Last, First, M.I.)	CASE NUMBER	MOTHER'S PHONE #	MOTHER'S DOB

SELECT ONLY ONE:
☐ All the children listed below were removed from the home.
☐ Partial removal, not all the children were removed. Only the child(ren) listed below were removed from the home.

CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH

PART II (Please print)

Date: _____

This is to advise you that on _____ the above-cited child(ren) were detained/removed from the home of their parent(s) and it is the plan of the Department of Children and Family Services to provide Family Reunification Services to the family. I am requesting that your Family Reunification (FR) Liaison or FR GSW contact me within 3 business days to develop a coordinated service plan pursuant to Welfare and Institutions Code Section 11203.

The plan should include _____ hours/week of DPSS GAIN activities.

The DPSS GAIN activities/services that are recommended/needed are:

☐ Domestic Violence Services for:
  ☐ Legal Services
  ☐ Counseling Services
☐ Substance Abuse Services
☐ Mental Health Services
☐ Job Club/Job Search
☐ Vocational Assessment
☐ Education/Training
☐ Learning Disability Screening
☐ Transportation
☐ Ancillary/Work-Related Expenses
☐ Child Care (If not all children were removed)
☐ Other:

Name & Title (CSW): _____ e-mail: _____

DCFS Office Name & Address: _____

Telephone: _____

PART III (Please print) This section is completed by CSW for FR termination or extension only.

Date: _____

☐ This is to advise you that the Dependency Court ordered the termination of Family Reunification Services effective _____ . The court ordered the child(ren) to be placed as follows:

Child's Name _____	☐ Home of Parent	☐ Into a Permanent Plan
Child's Name _____	☐ Home of Parent	☐ Into a Permanent Plan
Child's Name _____	☐ Home of Parent	☐ Into a Permanent Plan
Child's Name _____	☐ Home of Parent	☐ Into a Permanent Plan
Child's Name _____	☐ Home of Parent	☐ Into a Permanent Plan
Child's Name _____	☐ Home of Parent	☐ Into a Permanent Plan

☐ Extension Request for FR Services: The Dependency Court ordered the family continue to receive FR Services. Please contact me within 6 business days to develop a coordinated FR service plan.

Name & Title (CSW): _____ e-mail: _____

Address: _____ Phone: _____