



Boys & Girls Aid

Boys & Girls Aid Permanency Services Referral Form

Family Engagement Program:

Boys & Girls Aid holds a contract with ODHS Child Welfare to offer relative search and engagement services to all districts in Oregon. Services include birth family search and engagement, connecting with other supportive adults in the child's network, providing an extensive contact list to ODHS caseworker, creating a family tree and genogram to share with the child and family, supporting relatives in having contact with the child as appropriate, and facilitating family meetings as needed.

Please keep the following in mind regarding this program:

- Services are intended to serve youth for up to six months.
- Children/youth, of any age, with plan of reunification, adoption, guardianship or APPLA are eligible for referral.

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

****Do not submit this form without supervisor approval.**

Date Referred to BGAI: _____ Date this referral was staffed: _____

With whom was it staffed? Name: _____

Please select their title: Legal Assistance Specialist Permanency Consultant DHS Supervisor
Adoption Placement Coordinator Other _____

Caseworker: _____ Phone Number: _____ Email: _____

Supervisor: _____ Phone Number: _____ Email: _____

Branch Manager: _____ County: _____ Branch: _____

Child's Legal Name: _____ DOB: _____ ODHS Case Number: _____

Gender: Female Male Other: _____

Preferred Pronouns: _____ Sibling Referred: Yes No

Ethnicity: Non-Hispanic/Latino
 Hispanic/Latino
 Unknown

RACE: White/Caucasian Black or African American
 American Indian/Alaska Native
 American Indian/Alaska Native and White
 American Indian/Alaska Native and Black
 Black/African American and White
 Asian and White
 Other Multi Racial
 Unknown

****A referral cannot be accepted with incomplete information on the following questions.**

Child's Current Permanency Plan:

Reunification Adoption Guardianship APPLA

Additional information regarding permanency plan: _____

Current Placement Information: (Please provide complete information)

Name: _____ **Phone Number:** _____

Address: _____ **Email Address:** _____

Is this placement a BRS or psychiatric residence? Yes No

Current Community Partners/Team Members: (i.e. therapist, CASA, attorney, mentor, etc.)

Name:	Role:	Email Address:	Phone:

Current Relatives/Supportive Adults in contact with the child:

Name:	Role:	Email Address:	Phone:

History of Family Engagement:

Has a relative search been completed by ODHS? Yes No

Date(s) completed: _____

Has any further search or engagement work been completed? Yes No

If yes, please explain:

Reason for Referral: (Please provide any information that describes why this child/youth is appropriate for and in need of Family Engagement Services)

