

# REFERRAL INFORMATION CHECKLIST

We need the following details from you to ensure we provide the best service possible for your referral.

- ☐ **Client contact information** (*name, addresses, phone numbers*) for all clients participating in services.
- ☐ **Referral Source contact information.** Updated FCM contact information and Supervisor information.
- ☐ **The reason for the referral** (*Domestic Violence, Substance Abuse, Medical Neglect, Physical Abuse, etc.*) Detailed information will help Lifeline correctly assign the referral in a timely manner.
- ☐ **Any pertinent information** (*no contact orders, safety concerns, specific medical needs, any known allergies especially for the children, etc.*)
- ☐ **Location of visits** (*home, community, or office*)
- ☐ **How many hours per week of visit time**
- ☐ **The type of visits** (*fully supervised, intermittent/partially supervised*). No unsupervised visits - Lifeline will not provide transportation only to visits.
- ☐ **Dates when visits can start.**
- ☐ **Transportation information.** Who needs to be transported and who has dependable transportation.
- ☐ **The family's availability.** If the family is available during the daytime.