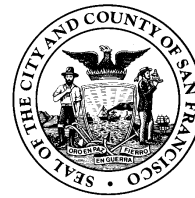


**San Francisco Family Treatment Court**  
Initial Referral



Please contact FTC staff (information below) if you do not receive email confirmation of this referral within 2 business days.

**Date:** \_\_\_\_\_  
**Fax To:** **FAMILY TREATMENT COURT**  
 (\*Please submit via email)  
**Contact:** Jennifer Pasinosky, FTC Coordinator  
 (415) 551-5767 / [jpasinosky@sftc.org](mailto:jpasinosky@sftc.org)

**Submitted By:** \_\_\_\_\_  
 PSW    Parent Atty    Child Atty    Other  
**Case Status:**  ERU    CDU    FSU    TPU

PARENT INFORMATION		CASE DETAILS		
Parent's Name:		PETITION #(s): JD		
DOB:		CASE NAME:		
Address:		<input type="checkbox"/> Fam Reunif <input type="checkbox"/> Fam Maint <input type="checkbox"/> Supp Svcs		
Phone:		Next Dependency Court Date:                      Time:		
Treatment Program:		Department: <input type="checkbox"/> 406 <input type="checkbox"/> 425 <input type="checkbox"/> Other:		
Treatment Start Date:		Hearing Type: <input type="checkbox"/> DET <input type="checkbox"/> JUR <input type="checkbox"/> DIS <input type="checkbox"/> 6MR <input type="checkbox"/> OTH		
<b>SUD Assessment?</b> <input type="checkbox"/> Referred – Date: <input type="checkbox"/> Completed – Date: <input type="checkbox"/> Not referred		<b>Status of Dependency Case:</b>		
Referred to <b>CalWorks Linkages?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CHILD(REN)'S NAME	DOB	GENDER	CURRENT PLACEMENT	DETENTION DATE
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
CONTACTS	NAME	PHONE	FAX (if applicable)	
Protective Services Worker:				
Parent's Attorney:				
Child's Attorney:				
City Attorney:				
CLIENT/CASE DESCRIPTON				
Prior Dependency Case? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:		
Prior Referral(s) to FTC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:		
Active DV Restraining Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:		
Description of Substance Use:				
Description of Mental Health:				
Status of Criminal Charges:				

FTC use only:    PSW Contacted;    Parent's Atty Contacted;    Child's Atty Contacted;    City Atty Contacted

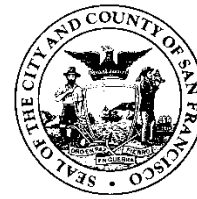
**\*\*PLEASE GIVE LAST PAGE OF THIS DOCUMENT TO THE REFERRED PARENT\*\***

## Requested / Recommended Services Checklist

The PSW recommends the following services to available programs as long as the program meets the Department's requirements:

Available Services	Status of Service at Referral
<input type="checkbox"/> Substance Use Assessment	
<input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> Other	
<input type="checkbox"/> CalWorks Linkages	
<input type="checkbox"/> Parenting and Attachment	
<input type="checkbox"/> Drug Testing	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Other:	
<b>Additional Comments:</b>	

There may be additional services coordinated as outlined in the participant's FTC Treatment and Parenting Plan. The participant will sign all required release forms to initiate participation in the FTC services.



You have been referred to the **San Francisco Family Treatment Court**. To sign up, please contact your Homeless Prenatal Program Family Case Manager.

### **What is Family Treatment Court?**

Family Treatment Court (also called "FTC") is a court-monitored program for families involved in the juvenile dependency system (also called "CPS" or "child welfare"). FTC promotes healthy, long-term family reunification by supporting parents to address their substance use, navigate the requirements of their dependency case plans, and increase their family stability. FTC uses a team approach to coordinate services, monitor progress, and help families succeed. FTC participation is voluntary and includes regular court appearances, case management, substance use treatment, parenting education, and other services.

## **NEW CLIENT INTAKE**

**Call Mark Green**

**(415) 964-1997**

### **Homeless Prenatal Program**

**2500 18<sup>th</sup> Street (corner of Potrero Avenue)**

**(415) 546-6756**