Submit form

SAFE CHILDREN COALITION - CHILDREN AND PARENTS TOGETHER ALWAYS (CAPTA)

Email: CAPTA@sccfl.org Phone: (941) 361-1504 Fax: (941) 444-5785

Date: _____

REFERRAL FORM

Referring Person: _____ Cell: _____

Referring Agency: _____

Email: _____ Case Number: _____

Client Name: _____ D. O.B _____

Address: _____ Zip Code: _____ Phone: _____

Household Information:

Mother:_____ D.O.B: _____ Child:_____ D.O.B: _____

Father: _____ D.O.B: _____ Child:_____ D.O.B: _____

Child: _____ D.O.B: _____ Child:_____ D.O.B: _____

Child: _____ D.O.B: _____ Child:_____ D.O.B: _____

Please check any of the following: **ADDITIONAL INFORMATION**

☐ **Admitted to substance misuse during pregnancy** ☐ **Pregnant** ☐ **Positive screen during pregnancy**

☐ **Positive screen at delivery** ☐ **Infant positive at delivery** ☐ **Infant experienced withdrawals** ☐ **Infant under 12 months old**

☐ **Substance/Alcohol impacting the family and child safety** ☐ **Toddler under 36 months old**

☐ **Other:**

Safe Children Coalition's Children and Parents Together Always (CAPTA) program is a free home visiting program offering wrap around services to ensure mothers, infants, and family members receive the necessary supports and services to prevent negative outcomes associated with infants pre/post natal exposure to substance use. CAPTA recognizes the trauma of child abuse and neglect lasts a lifetime and CAPTA is here to prevent judicial involvement.

FOR CAPTA USE ONLY ***FORM MUST BE COMPLETED WITHIN 3 DAYS OF Date Received:***

Action Taken:

Date:

☐ **Contact attempts** _____

☐ **Unable to make contact with Client**

☐ **Services refused by Client Individual Counseling**

☐ **Placed on Waiting List Pending CAPTA Availability**

☐ **Client contacted:** _____

☐ **Intake Scheduled:** _____

☐ **Individual Counseling Services**

☐ **Health Support Services**

☐ **SafeCare Parenting Program**

CAPTA Counselor Assigned: _____

R: 1/21/2025