



QRTP CANS Referral Form

Youth Name: Click or tap here to enter text.		DOB: Click or tap here to enter text.		Youth SACWIS ID: Click or tap here to enter text.	
Current Placement: Click or tap here to enter text.			Placement Address: Click or tap here to enter text.		
City: Click or tap here to enter text.		State: Click or tap here to enter text.	Zip: Click or tap here to enter text.		County: Click or tap here to enter text.
Medicaid ID (12 Digit MMIS Number): Click or tap here to enter text.		Gender: Click or tap here to enter text.		Race: Click or tap here to enter text.	Ethnicity: Click or tap here to enter text.
Case Worker: Click or tap here to enter text.			Grade: Click or tap here to enter text.		
Permanency Plan (Required): Click or tap here to enter text.			Social Security number (Required): Click or tap here to enter text.		
Youth Short Term Goals (Required per State): 1. 2. 3.			Youth Long Term Goals (Required per State): 1. 2. 3.		

Was youth informed of this CANS referral and offered to participate?

Choose an item.

Is youth willing to participate? Choose an item.

If youth denied participation, please provide brief explanation:

Click or tap here to enter text.

Please provide 2 individuals who the youth would like to participate in the CANS assessment, excluding case worker and current placement staff (ex- Teachers, mentor, previous counselor, etc).

Click or tap here to enter text.

Please send this referral form to servicecoordinator@fcfc.org and CC councilmanager@fcfc.org. You will receive confirmation of referral. CANS Assessor will then provide their availability to the referring individual. The case worker is then responsible for contacting those who will participate in the CANS assessment (placement staff, youth, parents/guardians, foster parents,

probation officers, counselors, teachers, etc.) and sending out the virtual link to all who will be participating in the assessment.