

Connecticut Department of Children and Families
VOLUNTARY SERVICES INITIAL INFORMATION

DCF-2175
12/18 (Rev.)



Enter Name of Applicant: _____

Date: _____

Dear _____

You recently inquired about the Voluntary Services Program which is administered by the State of Connecticut, Department of Children and Families. The purpose of this program is to guide, support and help families locate and access behavioral health and substance abuse services for their children.

In order to determine your child's eligibility for the Voluntary Services Program, the following information is required. Please review the list below and forward the materials to us.

1. Behavioral/Mental Health Information and Assessments:
 - a. Diagnoses, Axes I through V, highest GAF in last 12 months;
 - b. Written clinical recommendation by a licensed behavioral health clinician;
 - c. List of all psychiatric medications for child, with the prescribing doctor's name and number
 - d. Written clinical summaries and psychological and psychiatric evaluations; and
 - e. Copies of any discharge summaries for psychiatric hospitalizations.
2. Education:
 - a. Copies of recent report card and PPT records with the IEP or 504 plan; and
 - b. Psychoeducational testing done by the school, including recent IQ score.
3. Medical Information:
 - a. Information about any medical condition, medical hospitalizations or surgeries;
 - b. List of all non-psychiatric medication for child, with the prescribing doctor's name and number;
 - c. Copy of immunization record.
4. General Information:
 - a. Completed Voluntary Services application form (enclosed);
 - b. Signed HIPPA Release form (enclosed);
 - c. Most recent federal income tax return and related documents
 - d. Signed copy of Notice of Legally Liable Relative form (enclosed - legal guardians who are not biological or adoptive parents are not required to sign this form);
 - e. Signed copy of release form for Office of the Healthcare Advocate (enclosed);
 - f. Signed DCF release of information form (enclosed);
 - g. Copy of birth certificate;
 - h. Copy of Social Security Card;
 - i. Copy of health insurance card;
 - j. For legal guardians, copy of the court order.

This requested information must be submitted to us at the address below within 60 days. If we do not receive your information by: _____ your application will be considered withdrawn and closed effective _____. A DCF Social Worker will be contacting you shortly to determine if you need any assistance in completing the application and to conduct an interview with your family.

It is the priority of the Department to keep families together. The Department offers in-home services and community-based services to families, although out-of-home placement within the State of Connecticut may be available in special circumstances. To remain eligible for the Voluntary Services Program, parents and guardians are expected to actively participate in the care of their child.

The Department will help each family apply for all the benefits they may be eligible to receive or that will assist in the payment for such services. Pursuant to state law, financial contribution on a sliding scale may be required from parents who have been determined to have income and assets sufficient to contribute to the cost of these services. The parent must use their own insurance if it is available. Your Social Worker will discuss this with you in depth.

Please note that if your child is found to be eligible for the Voluntary Services Program, you will be directly involved in developing your DCF case plan in partnership with the Department and with your service providers. In addition, if it appears that your case will remain open longer than 180 days; we are required to file a petition in your local Probate Court to review your DCF case plan. The involvement of the Probate Court ensures that your case plan is reviewed for its appropriateness by a neutral third party and allows the Department to receive some financial reimbursement for the cost of the services being delivered. It is expected that parents or guardians, as well as children age 12 and older, will attend the court hearings.

Phone#: _____

SWS e-mail: _____

Please call if you have any questions concerning this process. I can be reached at: _____ or _____

Sincerely,

SWS FIRST Name: _____

SWS LAST Name: _____

DCF Social Work Supervisor