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Center for Adoption Support and Education (C.A.S.E.)

Initial Referral Form

Please email completed referral form to Elizabeth Emen, LCPC

Phone: 866-217-8534 Email: appts@adoptionsupport.org

Date _____ Funding Source: _____

Child Worker's Name & Contact Number _____

Has this family adopted before? _____

FAMILY DEMOGRAPHICS

Foster Parents _____

Address _____

City _____ State _____ Zip _____ County _____

Phone(h) _____ Phone(w) _____ (c) _____

Fax _____ Email address _____

Placement/Home# _____

Foster Parent Case Worker Name and Contact Number _____

Pre Adoptive/ Adoptive Parents _____

Address _____

City _____ State _____ Zip _____ County _____

Phone(h) _____ Phone(w) _____ (w) _____

Fax _____ Email address _____

Placement/Home# _____

Pre Adoptive/Post Adoptive Parent Case Worker Name and Contact Number _____



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CHILD'S DEMOGRAPHICS

Child's Name _____

DOB _____ Age _____ Gender _____ Grade _____ Ethnicity _____

School Name _____

Birth Parent Contact yes / no

Address _____

City _____ State _____ Zip _____ County _____

Additional Birth Family Members Contact yes / no

Child's Therapist's Name & Contact Number _____

REASON FOR REFERRAL TO C.A.S.E.

SCHOOL INFORMATION

School Services (Regular, Resources Room or Special Education):

Academic/Behavioral Challenges/Concerns/Strengths: _____

PLACEMENT INFORMATION

When/Why did child first come into the Foster Care system and number of previous placements?
Court report is helpful.



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Adoption/Disruption History _____

Foster Parent and Pre Adoptive/Adoptive Parent contacted regarding referral to C.A.S.E.?

(please check one) (Y) _____ (N) _____

Who has limited Guardianship or legal authority to sign a release for the child?

Birth Parent _____
name

Foster Parent _____
name

Child Welfare Department worker _____
name

MOST RECENT SUPPORTING DOCUMENTS

Medical _____

Social Summary _____

Psychological _____

Psychiatric _____

Educational (IEP) _____

Most Recent Court Report _____

Please mail all background documentation and any other information you regard as critical to this child to the following address:

Center for Adoptions Support and Education (C.A.S.E.)
3919 National Drive, Suite 200, Burtonsville, MD 20866

Referring Caseworker Signature: _____

Adoption Unit Supervisor
Signature and Date: _____