

SafeCare® Colorado Referral Protocol

Where do I send referrals? SafeCare@co.montezuma.co.us or Fax: 970-565-0647

Who do I contact for questions? SafeCare@co.montezuma.co.us or Call: 970-565-3056 ext. 239

What do I tell parents about SafeCare? "We work with Montezuma Public Health, a community agency that provide support to families with young children. One free resource they have is called SafeCare. SafeCare provides in-home support to help with challenging child behaviors, learn how to respond to common child sicknesses or injuries, and help remove common safety hazards that children often get into. Montezuma Public Health could tell you more about SafeCare--may I give them your contact information?"

Referral Source Information

Referral agency: _____ Date of referral: _____

*Individual making referral: _____ *Contact #: _____

Child Welfare Referral Source

Note: No risk criteria needed for child welfare except where required by your county

Check one: Screen-out Closed Assessment Closed Case FAR Non-court Involved Case

Safety Assessment completed in TRAILS: Yes No **County:** _____

Non-Child Welfare Referral Source

Check all that apply:

Family Characteristics

- Child with special needs
- Housing issues (instability, hazardous, etc.)
- Multiple children ≤ 5 years in the home
- Public assistance recipient
- Single parent (including absent partner)
- Stepfather or unrelated male caregiver in home

Caregiver(s) Characteristics

- Any prior report to child welfare
- Childhood experience of abuse/neglect
- Violence in the home
- Less than high school education
- Mental health issue
- Substance use issue
- Young caregiver age (< 20)

Notes (e.g. Current services; important information about family): _____

All Referral Sources

What information do I need to get from families to make the referral?

*Child age five or younger living in the home: Yes No

Caregiver confirms no open child welfare case: Yes No Don't know

Household Information:

*Identified caregiver name: _____ M F *DOB: _____
(First) (Middle) (Last)

- Relationship to child(ren): _____

Additional caregiver name: _____ M F DOB: _____
(First) (Middle) (Last)

- Relationship to child(ren): _____

Caregiver(s) Primary language: _____

Street address: _____ City: _____ Zip: _____ County: _____

*Primary Phone: _____ *OK for Message: Yes No Texting: Yes No

*** **Must complete all areas marked with an asterisk (*)**

SafeCare® Colorado Referral Protocol

What is SafeCare®?

SafeCare® is a structured, evidence-based, in-home program that provides direct skill training to parents in the areas of parenting, child safety, and child health. In Colorado, SafeCare® began as a voluntary program for families who do not have an open child welfare case. In August 2014, the availability of SafeCare® Colorado voluntary services was expanded to include limited open child welfare involvement types. The program targets families with children ages zero to five years. SafeCare® typically takes 18-20 sessions to complete (about 4-6 months) and each session lasts 1-1.5 hours. SafeCare® is delivered in the home by trained staff.

What type of families would benefit from SafeCare®?

- Families with 1 or more children between 0-5 years, who need extra support managing child behavior, keeping their home free of safety hazards, or taking care of their child's basic health care needs.

What will families learn?

- **Health Module** –Home visitors teach parents to use health guides, identify and prevent common child illnesses and injuries, and decide when to treat at home, call the doctor, or visit the emergency room.
- **Home Safety Module** –Home visitors teach parents to identify and eliminate safety and health hazards and childproof the home.
- **Parenting Module** –Home visitors teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent challenging child behavior.

Release of Information (Optional)

I hereby authorize the person, agency, or institution entered below to supply information requested by SafeCare® Colorado, including relevant health information and results of assessments and consultations. I release the person, agency, or institution from any and all liability for supplying such information.

I also authorize SafeCare® Colorado to supply information obtained directly from me, or from any person, agency, or institution which has provided information to SafeCare® Colorado about me, to the person, agency, or institution entered below. I release SafeCare® Colorado from any and all liability for supplying such information.

_____ (printed name of person, agency, or institution)

This authorization is given only in connection with its use by SafeCare® Colorado in its administration of services and for no other purpose. I certify this request has been made voluntarily and that the information given above is accurate. I understand that this consent may be revoked at any time, with the exception that disclosure of information has already occurred prior to the receipt of the revocation by the above named provider. If written revocation is not received, the authorization will be considered valid for a period of time not to exceed 1 year from the date of signing.

Client Name: _____ (print) _____ (sign) Date: _____