

**IDENTIFICATION OF A PARTICIPANT WITH
FAMILY PRESERVATION PROGRAM NEEDS**

TO: DPSS Family Preservation Liaison: _____ GAIN Office Name & Address: _____
 Name: _____
 Phone: _____
 Fax: _____ Email: _____

FROM: Dept. of Children and Family Services (DCFS) Community Based Liaison (CBL)
 Family Preservation Agency: _____
 Name: _____
 Phone: _____ Fax: _____

RE: Participant Name: _____
 Case Number: _____ DOB: _____

	Servicing Family Preservation Agency	DCFS Children Social Worker (CSW)
Name		
Office		
Telephone #		
Fax #		

The above named participant has been identified as a CalWORKs participant with Family Preservation (FP) Program services needs. Please ensure the case is assigned to the Specialized Supportive Services FP GAIN Services Worker (GSW) within three (3) business days and that FP Program activities in the participant's FP case plan are evaluated for inclusion in their Welfare-to-Work plan.

- Multi-Disciplinary Case Planning Committee (MCPC) Pending: The MCPC meeting is not yet scheduled; 2nd GN 2016 will be initiated by the FP agency.
- The next scheduled MCPC meeting is as follows:
 Date: _____ Time: _____
 Location: _____
- Check this box if this is a follow-up to a GN 2016 previously sent for a MCPC meeting that was pending

 Name (print) & Signature of CBL/FP Representative Phone Number Date

DPSS Use Only

Date GN 2016 Received: _____

- Participant is **not eligible** to GAIN/FP services because _____
- Participant **is** eligible to GAIN/FP services
- Participant is exempt but may request to volunteer for services

Case Assigned to FP GSW File #: _____ Email: _____

FP GSW Name: _____ Phone #: _____
 Fax #: _____

Participant belongs to Region _____. The GN 2016 was forwarded to the FP Liaison on _____ with a copy to the CBL noted above.