



ARIZONA DEPARTMENT OF CHILD SAFETY FOSTERING SUSTAINABLE CONNECTIONS REFERRAL

DCS Contact Information

Referral Date _____

DCS Specialist	Phone	Email	Office Name
DCS Program Supervisor	Phone	Email	Office Name

Case Information

DCS Case Name	Case ID	Case Plan	Date of Removal
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Child receiving child specific recruitment **Yes** **No**

Child/Youth Information ~ Only for children being referred to FSC.

Child #1 Name	PID No.	Date of Birth	Age	Sex
Placement Name	Type	Email Address		
Phone No.	Address			
	City	State	ZIP	

Child #2 Name	PID No.	Date of Birth	Age	Sex
Placement Name	Type	Email Address		
Phone No.	Address			
	City	State	ZIP	

Child #3 Name	PID No.	Date of Birth	Age	Sex
Placement Name	Type	Email Address		
Phone No.	Address			
	City	State	ZIP	

Sibling Information ~ Only for children not being referred to FSC.

Sibling #1 Name	CID No.	Sibling #2 Name	CID No.
Sibling #3 Name	CID No.	Sibling #4 Name	CID No.

Referral Form Inbox and Submit Info ~ Email referral to both email addresses listed below.

Note: All referrals should be completed by the DCS Specialist and emailed to the AzCA/DCS inboxes
by the Program Supervisor or Program Manager. Submit button sends form to both emails:
FSC@arizonaschildren.org
FSC@azdcs.gov



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Additional Child/Youth Information ~ Only for children being referred to FSC.

Child #4 Name	PID No.	Date of Birth	Age	Sex
Placement Name	Type	Email Address		
Phone No.	Address			
	City	State	ZIP	

Child #5 Name	PID No.	Date of Birth	Age	Sex
Placement Name	Type	Email Address		
Phone No.	Address			
	City	State	ZIP	

Child #6 Name	PID No.	Date of Birth	Age	Sex
Placement Name	Type	Email Address		
Phone No.	Address			
	City	State	ZIP	

Other Sibling Information ~ Only for children not being referred to FSC.

Sibling #5 Name	CID No.	Sibling #6 Name	CID No.
Sibling #7 Name	CID No.	Sibling #8 Name	CID No.

Additional Information ~ If applicable.

Click [here](#) to visit our [SharePoint site](#).



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.