**I. CPS Referring Caseworker Information** *(Completed by CPS Caseworker or Designee; see attached Instructions)*

|  |  |  |  |
| --- | --- | --- | --- |
| Caseworker: | Name | EMAIL@dfps.state.tx.us | Region ## |
| Cell Phone:       | Supervisor Name:       | Cell Phone:       |
| Name of CPS Approver to review/approve final report:  |       | CPS Approver Email:  |      @dfps.state.tx.us |
| Name of Primary Caregiver to be studied, per Form 2054: |       | Name of Child/Oldest Child to be placed: |       |
| Case ID # |       | Primary Caregiver PID# |       | County in which home visit will be conducted: |       |

**II. Service Authorized** *(Completed by CPS Caseworker or Designee; see attached Instructions)*

|  |  |  |
| --- | --- | --- |
| Select the type of home study being requested (one home study per referral packet): | Non-Expedited(due within 20 calendar days) | Expedited(due within 15 calendar days) |
| [ ]  | Adopt Only - Client Specific (88E) | [ ]  | Foster/Adopt - Client Specific (88B) | [ ]  | [ ]  |
| [ ]  | Adopt Only - Non-Client Specific (56W) | [ ]  | Foster/Adopt with Kinship - Client Specific (88B) |  |  |
| [ ]  | Foster Only - Client Specific (88Y) | [ ]  | Foster/Adopt - Non-Client Specific (88C) |  |  |
| [ ]  | Foster Only - Non-Client Specific (88Z) |  |  |  |  |
| Preferred Contractor:  |  |  |

**III. CPS Contact Information** *(Completed by designated CPS staff responsible for submitting referral; see attached Instructions)*

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Email Address | Phone Number | Date complete referral packet emailed to Contractor |
|       |      @dfps.state.tx.us |       |       |

**IV. Contractor Information** *(Completed by Contractor; see attached Instructions)*

|  |  |  |
| --- | --- | --- |
| Contractor Name: |       |  |
| Contact Name |       | Contact Email  |       | Contact Phone |       |
| Service Provider (SP) Name |       | SP Email |       | SP Phone |       |
| Date complete referral received | Date notified CPS of acknowledgement | Date Withdrawn\* or Returned (\*attach Withdrawn Report) | Date submitted to CPS  | Date corrected report submitted, if applicable | Amount billed | **Due Date** |
|       |       |       |       |       | $       |  |
| CPS-Approved Reschedule Date: |       |  |  |  |  |

**V. CPS Review for Approval** *(Completed by authorized CPS Approver; see attached Instructions)*

|  |  |  |  |
| --- | --- | --- | --- |
| Approved By: | (Handwritten in ink or e-Sign; no stamps) | **Electronic Report and PDF Signature Page–****Date Report Received:** |       |
| **Date Returned for Corrections, if applicable:** |       |
| Office or Cell Phone: |       | **Electronic Corrected Report -** **Date Report Received, if applicable:** |       |
| Email: |       @dfps.state.tx.us | **Date Approved by CPS:**(Entered by CPS PD Approver)  |       |
| [ ]  No longer useful to CPS - Reason:        |

**VI. Payment Approval** *(Completed by CPS Contracts Staff; verify correct amount billed by Contractor)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Completed Study | Late- 20% | Not Useful -100% | Withdrawn(report attached) |  | Reviewed by (initials): |
| [ ]  $ \_\_\_\_\_\_\_Non-Expedited[ ]  $ \_\_\_\_\_\_\_ Expedited | [ ]  $ \_\_\_\_\_\_\_\_\_[ ]  $ \_\_\_\_\_\_\_\_\_ | [ ]  $ 0 | [ ]  $ \_\_\_\_\_\_\_\_\_ w/FTF[ ]  $ \_\_\_\_\_\_\_\_\_ No FTF |  |  |

**Instructions**

If you have any questions about the proper completion of this form, contact your regional CPS Contract Manager.

**Section I:** *To be completed by the CPS Caseworker making the referral*. ***Ensure that you are using the current version of this form, posted in Smiley.*** Include your name, work email address, region, work cell phone number, the name of your Supervisor, and the name of the CPS Approver (Supervisor or above, unless your region requires PD or above) who will be reviewing and approving the study. If you expect to transfer the case prior to receiving the home study from the contractor, list the name of the CPS Approver that will be receiving the case. If the report is sent to you in error, please reply immediately to notify the Contractor of the CPS Approver name.

Include the name of the primary Caregiver to be studied and their PID # and the name of the child to be placed, or oldest child if a sibling group, and the county in which the study will be conducted.

Interregional Services Request: When requesting a home study for a placement located in another region, you must complete and submit the Universal Referral Form 2077 (Smiley) and supporting referral documentation to the email box for the region in which the placement/home is located: **DFPS Region X CVS/KIN/ISY/ADO**. Refer to Meeting in a Box, 11/2014, Universal Transfer Form or most recent instructions provided by CPS.

Note: The hard copy signature page with original handwritten ink signatures must be maintained in the Contractor's record and provided to DFPS upon request. If you need the original signed home study, include your request in the referral email.

**Section II:** *To be completed by the CPS Caseworker making the referral*. Select the type of home study you are requesting. You may only request ONE home study per 2700/referral. Select the timeframe by which the home study is needed: Non-Expedited, or Expedited. Expedited may be requested when a court order specifies "expedited" or requires the home study to be submitted by a date which would require that the request be expedited. Expedited may also be requested with prior approval from your Program Director when extenuating circumstances justify the request. Identify the preferred Contractor to complete the home study, referring to your Supervisor for guidance.

**Section III:** *To be completed by the CPS staff person who submits the referral directly to the Contractor*. Provide the name and contact information for the person the Contractor may contact regarding this referral. Note: If you have questions or need clarification regarding a request to Return or Reschedule a referral, contact your regional CPS Contract Manager.

**Section IV:** *To be completed by the Contractor*. Provide name, email address, and phone number for the Contact Person that CPS staff may contact regarding the referral status. Provide name, email address, and phone number for the assigned Service Provider completing the home study. Enter the following applicable information to document the referral process. Refer to your contract section 2.1.9 for specific conditions, documentation, and reporting requirements for disposition of the referral:

* Date complete referral received (verify that this date matches the Date complete referral packet emailed to Contractor in Section III)
* Date notified CPS of acknowledgement (within 2 business days)
* Date Withdrawn or Returned, if applicable
* CPS-Approved Reschedule Date, if applicable
* Date completed report submitted to CPS
* Date corrected report submitted to CPS, if applicable
* Amount billed (as shown on billing documentation to be submitted to CPS)
* Due date

**Section V:** *To be completed by the CPS Approver (Supervisor or above, unless your region requires PD or above) for each referral to document final disposition of the referral.* The following information is to be documented by the authorized CPS staff and the completed Form 2700 is to be returned to the Contractor after the home study has been reviewed, or to approve Reschedule, Withdrawal, or Return of the referral:

* Rescheduled referral - CPS Approver reviews the Contractor's justification included in the email request to reschedule:
	+ If acceptable, sign (handwritten or e-sign) and enter the Date Approved by CPS, and return approved Form 2700 to Contractor or CPS Liaison.
	+ If not acceptable, notify Contractor of reason. Referral will continue with original Due Date.
	+ If unsure whether reason for Reschedule is acceptable according to the contract terms, contact your regional CPS Contract Manager.
* Withdrawn Referral - CPS Approver reviews the Withdrawn Report:
	+ If justification for Withdrawal is acceptable, sign (handwritten or e-sign), enter the date Electronic Report and Signature Page was received (no signature page is required for Withdrawn Report).
	+ If justification is not acceptable, document reason in your reply email and return to Contractor or CPS Liaison. Referral will continue with original due Date.
	+ If unsure whether reason for Withdrawal is acceptable according to the contract terms, contact your regional CPS Contract Manager.
* Completed Referral- CPS Approver reviews the Completed home study:
	+ If home study is acceptable, complete the following information in this section and return the approved 2700 to Contractor or CPS Liaison:
		- Date Report Received (Electronic Report and PDF Signature Page).
		- If applicable, Date Returned for Corrections (enter the date(s) the report was returned to Contractor for corrections per the request of the CPS).
		- If applicable, Electronic Corrected Report (date the final corrected report was received).
		- Handwritten signature or e-signature of authorized approver.
		- Date Approved by CPS
	+ If home study requires corrections or is missing information, return to the Contractor and identify the information or corrections needed. Enter the Date Received (Electronic Report and Signature Page) and Date Returned for Corrections and return the 2700 and referral to the Contractor or CPS Liaison. Do not sign or enter Date Approved in this section.
	+ If home study is not approved, select the box "No longer useful to CPS", briefly explain the Reason, and return the disapproved 2700 to Contractor or CPS Liaison. Contractor will not be paid for this report.

Note that the Contractor cannot bill for services until the approved Form 2700 is received from the CPS Approver. If not received by contractor within two weeks of complete referral submission, contractor may contact the regional SME to request.

**Section VI:** To be completed as applicable by CPS Contracts staff reviewing the billing.