



Hennepin County Child Protection Supervised Parenting Referral Form

GENESIS II
FOR FAMILIES

Child Protection Worker
 Guardian Ad Litem (GAL)
 Other: _____
 Family Court Evaluator
 Family Support Worker

Worker Name: _____ Date: _____

CP# _____

Mother's Information	Father's Information
HSIS#	HSIS#
Name:	Name:
Address:	Address:
Phone:	Phone:
Other Phone:	Other Phone:
Employment:	Employment:
DOB:	DOB:
Ethnicity:	Ethnicity:
Significant Other:	Significant Other:
Supervised Parenting Arrangements: <input type="checkbox"/> Center based <input type="checkbox"/> In-home*	Supervised Parenting Arrangements: <input type="checkbox"/> Center based <input type="checkbox"/> In-home*

*All In-home referrals need to fill out an in-home safety checklist (pg.2)

Child One	Child Two	Child Three
Name: __M__F	Name: __M__F	Name: __M__F
Foster Parent:	Foster Parent:	Foster Parent:
Address:	Address:	Address:
Phone:	Phone:	Phone:
DOB:	DOB:	DOB:
Ethnicity:	Ethnicity:	Ethnicity:
School:	School:	School:
GAL:	GAL:	GAL:
Misc. notes/special needs:	Misc. notes/special needs:	Misc. notes/special needs:

1. Describe current situation and anything to be aware of/observe during visits.

2. Please list any additional people who are allowed to participate in visits.

3. Please list case plan/worker goals:

4. Additional comments/concerns:

In-home Safety Information

Mother	Father
Provides a safe physical environment: ___ Yes ___ No	Provides a safe physical environment: ___ Yes ___ No
Any history of violence with a deadly weapon? ___ Yes ___ No	Any history of violence with a deadly weapon? ___ Yes ___ No
Any history of domestic violence or assault? ___ Yes ___ No ___ Both	Any history of domestic violence or assault? ___ Yes ___ No ___ Both
Is there an active OFP(order for protection) or HRO(harassment restraining order)? ___ Yes ___ No	Is there an active OFP(order for protection) or HRO(harassment restraining order)? ___ Yes ___ No
Any history of chronic alcohol and/or drug abuse? ___ Yes ___ No ___ Both	Any history of chronic alcohol and/or drug abuse? ___ Yes ___ No ___ Both
Is the client currently under court order? ___ Yes ___ No	Is the client currently under court order? ___ Yes ___ No
Any abuse involved (check all that apply): ___ Physical ___ Emotional ___ Sexual ___ Neglect	Any abuse involved (check all that apply): ___ Physical ___ Emotional ___ Sexual ___ Neglect
Any pets in the home? ___ Yes* ___ No *If yes please list:	Any pets in the home? ___ Yes* ___ No *If yes please list:

Additional Children:

Child Four	Child Five	Child Six
Name: __M__F	Name: __M__F	Name: __M__F
Foster Parent:	Foster Parent:	Foster Parent:
Address:	Address:	Address:
Phone:	Phone:	Phone:
DOB:	DOB:	DOB:
Ethnicity:	Ethnicity:	Ethnicity:
School:	School:	School:
GAL:	GAL:	GAL:
Misc. notes/special needs:	Misc. notes/special needs:	Misc. notes/special needs:

Child Seven	Child Eight	Child Nine
Name: __M__F	Name: __M__F	Name: __M__F
Foster Parent:	Foster Parent:	Foster Parent:
Address:	Address:	Address:
Phone:	Phone:	Phone:
DOB:	DOB:	DOB:
Ethnicity:	Ethnicity:	Ethnicity:
School:	School:	School:
GAL:	GAL:	GAL:
Misc. notes/special needs:	Misc. notes/special needs:	Misc. notes/special needs: