*Success Coach Services are a voluntary, enhanced case management service that goes to the family home. A Success Coach works in partnership with the family for up to 2-years to develop goals aimed to increase family protective factors and decrease risk factors. (At least one child in the home must have achieved permanency through private/ international adoption, or guardianship, custody, reunification, & adoption from the child welfare system).*

**Date of Referral:** Click or tap to enter a date. **Permanency Type:** Choose an item.

 **Household Composition**

Caregiver Name:  Phone:  Race: Choose an item.

Caregiver Name:  Phone:  Race: Choose an item.

Family Address: 

Residing County: 

**Child(ren) in Home:**

Name:  DOB:  Race: Choose an item. Relationship: Choose

Name:  DOB:  Race: Choose an item. Relationship: Choose

Name:  DOB:  Race: Choose an item. Relationship: Choose

Name:  DOB:  Race: Choose an item. Relationship: Choose

Name:  DOB:  Race: Choose an item. Relationship: Choose

Name:  DOB:  Race: Choose an item. Relationship: Choose

Name:  DOB:  Race: Choose an item. Relationship: Choose

**Reason for Referral (Brief Summary)**

***(Please include if family knows about referral, if there are any safety concerns for someone to go to the home, and any information about their permanency journey (when permanency was achieved, what services are involved, what is the family’s current situation/strengths/ needs) and anything else that is important for the Success Coach to know*.**

**Family Risk Factors: (check all that apply)**

[ ]  **Environmental** (i.e. house is not clean, cluttered, needs to move to safe environment)

[ ]  **Financial Needs** (i.e. low income, transportation needs, daycare needs, employment)

[ ]  **Basic Needs** (i.e. food insecurity, housing, clothing needs)

[ ]  **Parenting** (i.e. issues with discipline, communication, bonding, attachment, supervision concerns)

[ ]  **Substance Use** (i.e. parent use of alcohol or drugs may interfere with parenting)

[ ]  **Familial** (relationships in the home, birth family connections, etc.)

[ ]  **Violence in home** (excessive arguing, potential DV in home, inappropriate discipline)

[ ]  **Developmental Concerns** (child development may be delayed, Sensory issues, may need help accessing services)

[ ]  **Mental Health** (child or parent has MH needs, behavioral concerns/needs, trauma history, DJJ involvement, etc.)

[ ]  **Medical Needs** (i.e. child or parent needs help accessing health services; child or parent has health needs that need to be met)

[ ]  **Educational Needs** (academic, developmental, or behavioral, 504, IEP support, advocacy, etc.)

**Referral Source:**

Referral Person:  Phone:  Agency: Choose an item.

**Please Send Referral Based on Family’s County of Residence (See Below)**

Region 2- **Catawba County Social Services** (Rutherford, Cleveland, Gaston, Lincoln, Iredell, Alexander, Catawba, Burke, McDowell, Wilkes, Caldwell, Avery, Watauga, Ashe, Alleghany) **by email to** **lmitchell@catawbacountync.gov**

Region 6- **Boys and Girls Homes** (Columbus, Brunswick, New Hanover, Bladen, Pender, Cumberland, Sampson, Duplin,

Onslow, Lenoir, Jones, Craven, Pamlico and Carteret) **by email to** **rebecca.larner@bghnc.org**

Region 1, 3, 4, & 5- **Children’s Home Society** (All other NC counties not listed above) by email to **Successcoach1@chsnc.org**  **Phone #- 336-369-3810**

 ***\*If you do not know, or send to the wrong contact, we will ensure it gets to the appropriate agency\****

Region 7