



12200 Fairhill Road | Suite E193 ♦ Cleveland, Ohio 44120
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Court Appointed Special Advocate (CASA) Volunteer Case Referral Form

General Information

Does the child/youth have an open CCDCFs case for abuse, neglect or dependency in the Cuyahoga County Juvenile Court?

Yes No

Please describe case factors leading to your request:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Neglect | <input type="checkbox"/> Dependency |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Family Involvement |
| <input type="checkbox"/> Family issues | <input type="checkbox"/> Educational Issues | <input type="checkbox"/> Safety Issues |
| <input type="checkbox"/> Housing issues | <input type="checkbox"/> Prior DCFS Involvement | <input type="checkbox"/> Multiple Residences |
| <input type="checkbox"/> Nearing Age of Majority | <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> In Permanent Custody |

Other: _____

I understand that a CASA volunteer can only be appointed to a child's case with approval from a jurist (Judge or Magistrate), and that CFACC cannot guarantee a CASA volunteer for every referral.

Yes No

Referring Agency Information

Agency Name:
Person Referring:
Contact Information:
Date of Referral:

Signature: _____

Child/Youth Information

Name (initials only):
D.O.B:
Gender:
Current Address:
Residing With:
 Parent/Family of Origin
 Foster Home
 Kinship Placement
 Group Home/Residential Care
 Other

Juvenile Court Case Information (if known)

Case Number: AD
Assigned Jurist:
Next Court Hearing Date & Time:
Name of Child Protection Specialist/Supervisor/Chief:
Name of GAL:

Additional Information/Notes:

The purpose of these disclosures is to: secure appointment of a CASA volunteer to serve as an unpaid child advocate; subsequent to Court appointment, to gather information as part of the CASA investigation and to make an informed best interests recommendation to the Cuyahoga County Juvenile Court.

This referral is a request directed to CFACC to request that the Juvenile Court appoint a CASA for the above individual. All parties recognize such appointment is discretionary with the Court. I/we understand that pursuant to federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act, Public Law 104-191, information regarding the referred child(ren)'s individually identifiable health information, including any alcohol and/or drug treatment records and/or any other information relating to past, present or future physical or mental health condition, is confidential and cannot be disclosed without the agency's written consent unless otherwise provided for in the regulations. This authorization is not sufficient for the purpose of the release of HIV test results or diagnoses. I/we also understand that CFACC will request but cannot guarantee a CASA volunteer appointment for each referred child, and with written notice to CFACC, I/we may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows:

(This authorization expires in one year or as otherwise required by law)

Date: _____ Signature: _____ Relationship: _____

Child and Family Advocates of Cuyahoga County is a non-profit 501(c)(3) charitable organization.
Mission: To make a difference for every child served through advocacy, education, and collaborative alliances.
Vision: Every child is seen, heard, engaged, leading to permanency and hope.

CFACC Use Only

CASA appointment granted by Jurist: Yes No

Name of Jurist and Date of Appointment: