



4435 West Pine Blvd ♦ St. Louis, MO 63108 ♦ 314-531-3183 ♦ 314-531-3164 fax

Diligent Ongoing Relative Search Referral Form

Date of Referral: _____ Initial Custody Date: _____

County of Jurisdiction: _____

Next Team Meeting (date/time/location): _____

Next Court Hearing (date/time/location): _____

Referring Information:

Referring Agency: _____

Case Manager: _____ Phone: _____ Email: _____

Case Manager Supervisor: _____ Phone: _____ Email: _____

Deputy Juvenile Officer: _____ Phone: _____ Email: _____

Guardian ad Litem: _____ Phone: _____ Email: _____

General Family Information: Include Referred Children & Parents (attach additional sheets if necessary)

Mother: _____ DCN: _____ DOB: _____ Race: _____

Ethnicity: Decline to Disclose Sex: _____ Phone: _____

Address: _____ Email: _____

Father: _____ DCN: _____ DOB: _____ Race: _____

Ethnicity: Decline to Disclose Sex: _____ Phone: _____

Address: _____ Email: _____

Child: _____ DCN: _____ DOB: _____ Race: _____

Ethnicity: Decline to Disclose Sex: _____ Phone: _____

Address: _____ Email: _____

Child: _____ DCN: _____ DOB: _____ Race: _____

Ethnicity: Decline to Disclose Sex: _____ Phone: _____

Address: _____ Email: _____

Child: _____ DCN: _____ DOB: _____ Race: _____

Ethnicity: Decline to Disclose Sex: _____ Phone: _____

Address: _____ Email: _____

Check here if additional sheets are attached for siblings and/or additional parents

Reason for Custody

Describe reason child(ren) entered Children’s Division custody and any relevant history:

Child’s needs

Describe any known special needs of the child the potential caregiver will need to be made aware of (i.e., educational needs, medical needs, behavioral needs):

Maternal Family Information:

Additional Maternal family members: (please list & include any initiated contact and information if known):

Paternal Family Information:

Paternity established? YES NO UNKNOWN

Additional known Paternal members (please list & include any initiated contact and information if known):

Please send completed form to Community Family Services at Our Little Haven: via fax: 314-531-3164 Attn: DORS or in a secure, encrypted email to cfsreferrals@ourlittlehaven.org. If unable to complete referral form, please call 314-531-3183, press 0 and ask for DORS staff. The referral can be completed over the phone.

For agency use ONLY:

Date of intake: _____

Date added to Diligent Relative Search waitlist: _____

Reason for waitlist: _____