

**Lorain County Court of Common Pleas
Lorain County Domestic Relations Family Reunification Court**

Date of Referral to FRC: _____

Participant's First Name: _____ Middle: _____ Last: _____

Address: _____

Telephone: _____ Race: _____ DOB: _____

Date of **MOST** recent Risk Assessment: _____

Which Assessment completed (circle one): Family Assessment OR Risk Assessment/SAR

Date of AoD Assessment: _____ Where completed: _____

Diagnosis: _____ Drugs of choice: _____

Employment (if any): None ___ Full time (30+) ___ Part time ___ Where: _____

If not working, does client receive Disability? Yes ___ No ___

Case Status w/ LCCS: Protective Supervision ___ Temporary Custody ___

Level of Care (Substance Use Treatment): Residential ___ Day Tx ___ IOP ___ Aftercare ___

Medical Insurance Provider: _____ Medicaid ___ Medicare ___ Private ___

Upcoming Court hearings (if any): _____

Children Information (include ALL children):

Name of Children	Court Case Number	DOB	Father	Alleged OR Established	Date of Removal	Lives with:	Adjudicated N / A / D

Referent (LCCS caseworker or AoD clinician)

Date