AREA OFFICE
CHAP/CHEER REFERRAL CHECKLIST

Name of Youth: _____

DOB and LINK: _____

Name of Social Worker/Supervisor_____

Forms included in Packet:

_____ DCF- 2163 Form request for CHAP/CHEER Services
_____ DCF Case plan; (incl. PSE/CHEER Program goal, Life skill status, etc.)
_____ DCF-2251 CHAP/ CHEER Contract (If available)

To be send by the worker directly to the Credentialed Case Management Provider:

_____ Referral Assessment Form (Social Worker)
_____ Referral Assessment Form (Youth)

Fax Checklist , Case Plan, 2163 Form to;

Program Manager
Daniel W. Ross
DCF- CO Fax: 860-723-7236

To be completed by CHAP/CHEER CO liaison;

Reviewed and Approved by: _____
Date approved: _____
Name of provider packet sent to: _____
Date packet sent: _____

Comments: _____

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