Iowa SPD Project to Preserve Families Self-Referral Form:

Email referrals to: ptpf@spd.state.ia.us or mail them to: SPD PTPF at 6200 Park Ave, Suite 100 Des Moines, IA 50321

Prior to completing this form, please read the "PTPF Information Sheet" found under the spd.iowa.gov Juvenile Defense Resources Page

Date of Referral: _____/_____/_____

Interested Party (I.P.) Information:

Name: _____
Address: _____
Phone: _____ Cell phone/receive texts: _____
Best time to reach client: _____
Email: _____

Prospective Case Status:
How were you introduced to the Project to Preserve Families?

Is HHS involved with this Client at all? Yes • No •

If Yes above, how?

Is there an ongoing Child Abuse Investigation or Report? Yes • No • Unsure

Is the family currently on a safety plan? Yes • No • Unsure

Does the family have a service eligible case with HHS? Yes • No • Unsure

Is the Interested Party the alleged perpetrator? Yes • No •
If yes, attorney will need release to get copy of CPA

Do you believe our services will prevent removal of a child from the home? Yes • No •

Mother's Name:_____

Father's Name:_____

Child FACS #:_____

Household Composition

Name	DOB	Age	Race	Employment Status	Marital Status	Highest Education Completed	Legal Status	Relationship to I.P. ***	Is child living with I.P.?

***Child (biological or adoptive), Stepchild, relative, foster child, or "no legal relationship

Interested Party's Other Children (No matter age/residence)

Name	DOB	Age	Legal Status	Relationship to I.P.***	Is Child Currently living with I.P.?

Include a Brief Description of Presenting Legal Issue and Requested Legal Advocacy (examples include but are not limited to guardianship, custody, landlord/tenant disputes, divorce, PPO, and small unrepresented criminal matters).

_____
_____
_____
_____
_____

_____
_____
_____
_____
_____

_____
Signature of Interested Party Date

I authorize the release of this referral to the State Public Defender or their designee so that I may be considered for participation in this project.