Referrals

Who Submits Referrals to the PTPF?

- Professionals in the community such as members of IDHHS, school administrators and counselors, medical professionals, juvenile court officers, or substance abuse and mental health counselors.
- Referrals are filled out using the template below. They are then submitted to ptpf@spd.ia.us

Who should I Refer?

- A custodial parent in need of an attorney to resolve a legal problem that if resolved would stabilize the family.
  Examples Include: Divorce, Custody, Civil Protective Order, Landlord/Tenant matter. Other legal issues will pend SPD approval.
- A child's relative or caregiver in need of a legal service to safely maintain placement of the child, such as a Guardianship.
- A family in need of legal and/or social work counseling.

What's Next?

- The SPD central administrative office will then determine eligibility and move forward as applicable.

Can I Refer Myself?

- Yes. If someone is seeking services for themselves or their family, they can submit a **self-referral form** found under our Juvenile Defense Resources Page.

Iowa SPD Project to Preserve Families Referral Form:

Email referrals to: ptpf@spd.state.ia.us

Date of Referral: _____/_____/_____

Referring Agency & Contact Info: _____

Referring Provider & Contact Info: _____

Interested Party (I.P.) Information:

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

Prospective Case Status:

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 •

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

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

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

Does the referring provider believe advocacy 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.?

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).

_____

_____

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_____

Signature of Referring Professional Date

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

Signature of Interested Party Date