

To be completed by the CSA Office - PLEASE READ

This information has been sent to all localities in Virginia, to be completed by CSA staff.

For the next two months (beginning with the first referral after this spreadsheet has been received by your office), you will gather information on each referral heard at FAPT, until either:

- (1) You reach the end of your sample list on each tab, or
- (2) Two months have passed from when the first referral was received/data collection began

The tables below explain which tab to select for each referral, based on the case mandate type, and an explanation of what to enter into each column, for each referral. Please email Carrie Thompson at carrie.thompson@csa.virginia.gov with any questions.

Which tab should I enter information into?

Select tab by case mandate type:	Tab to Use
MT-1 FC Abuse Neglect – Prevention (child has not been removed from Home)	FC Prevention
MT-2 FC Abuse Neglect – DSS Non-Custodial agreement (parent retains custody of youth)	Foster Care
MT-3 FC Abuse Neglect – DSS Entrustment / Custody	Foster Care
MT-4 FC CHINS – Prevention (Child has not been removed from home)	FC Prevention
MT-5 FC CHINS – CSA Parental Agreement (parent retains custody of youth)	FC CHINS-CSA
MT-6 FC CHINS – Entrustment / Custody	Foster Care
MT-7 FC – Court Ordered for Truancy	Foster Care
MT-8 FC – Court Order for delinquent behavior	Foster Care
MT-9 Wrap-Around Services for Students with Disabilities	SPED
MT-10 Special Education Services	SPED
MT-11 Non-Mandated	Non-Mandated
MT-12 Kinship Guardianship	Foster Care

What information should I enter?

Column Header	Meaning
Assigned Sample #	How many cases to collect information on for that tab (locality-specific, no changes needed)
CSA Number	Unique number used to identify the child, please include referrals that were and were not approved for services
Date that referral to FAPT was made	Date that the email or phone call was received by CSA single point of contact
Who made the referral? How?	Who: role/responsibility in CSA world; How: verbal or in writing?
Date final paperwork packet was received	All of the paperwork for the case was received, ensuring that the case could move forward to FAPT in totality
Primary services requested	Main service type(s) sought in referral
Date of original FAPT meeting scheduled for child referral	Original date to hear the referral information at FAPT
Was meeting rescheduled? If so, why? Date of reschedule	Reason and date of rescheduled meeting
Date that FAPT recommended services	Date when FAPT recommends services, not when services start
CPMT authorization date or reason for denial if not approved	Date CPMT approves services, or reason not approved
Were services initiated?	Provide yes or no response
If yes, earlier date of the following: - Date referral/purchase order sent to provider from CSA - Service begin date (if before sending purchase order)	
If no, why were services approved but not rendered?	

