



Consent for Referral to CFSA's Contracted Primary or Secondary Traumatic Stress (P/STS) Support Resource

By my signature herein, I give consent to have the information listed below shared electronically by my immediate supervisor (or other manager) with CFSA HR and CFSA's contracted P/STS support resource. I understand that I will be copied on all communications in which this information is transmitted. I further understand that the information is being sent to HR for contractor billing purposes only, and will not be included in my personnel file.

1. My name, position and work contact information.
2. The name, position and work contact information for the referring manager (and for my immediate supervisor, if different).
3. The type of trauma-triggering event I experienced (pick list, multiple selections allowed):
 - The death of a child, parent, kin, or resource parent on a case currently or previously assigned
 - A threat from a client or client's family member
 - An environmental threat in the field, such as gunfire or witnessing physical violence
 - Providing or observing disturbing or emotional testimony in the Family Court
 - A particularly difficult family separation or placement disruption
 - Any other highly-stressful, client-related event or circumstance that may impede a staff member's ability to complete ongoing professional duties (described)
4. The date(s) of dialogue and consultation about the event between myself and the referring manager.
5. The interventions identified by myself and the referring manager (pick list, multiple selections allowed):
 - a. Increased contact/consultation with immediate supervisor or other manager
 - b. Assessment of caseload
 - c. Training
 - d. Participation in supportive group discussion forums
 - e. Referral to contracted P/STS resource for individual consultation
 - f. Referral to EAP
 - g. Staff independently pursues external therapeutic resources
 - h. Other
 - i. Staff member declines interventions at this time
6. The dates of contact between myself and the contracted P/STS resource, and whether the interaction was individual consultation or group consultation.

I acknowledge that I have read and fully understand the above statements.

SIGNATURE

DATE