Iowa Department of Human Services

**Family Team and Youth Transition**

**Decision-Making Meeting Referral**

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| Identified Child/Youth Name      | [ ]  Open FSRP Case [ ]  Non-FSRP Case |
| Type of Referral: [ ]  FTDM Meeting [ ]  YTDM Meeting |
| Date of Referral      | Referred to      |
| Referred by      |
| Email      | Phone      | County      |
| Life of the Case Juncture (Complete only if an open DHS child welfare service case): |
| For FTDM meeting:[ ]  Before removal [ ]  After removal[ ]  Placement change [ ]  Level of care change [ ]  Permanency decisions are made[ ]  Prior to case closure[ ]  Agency request |
| For YTDM meeting:[ ]  Within 30 days of youth’s 17th birthday[ ]  Within 90 days prior to youth’s 18th birthday |

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| **Parent/Caregiver/Noncustodial Parent Information** |

| **Name (last/first)** | **Role** | **Phone** | **Date of Birth(mm/dd/yy)** | **Address or Email** | **Race/Ethnicity** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |  |
|       |       |       |       |       |  |
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| **Child/Youth Information** |

| **Name (last/first)** | **Placement Information** | **Phone** | **Date of Birth(mm/dd/yy)** | **FACS ID #** | **State ID #** | **Race/Ethnicity** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |  |
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| *Check the boxes that apply.* |  |
| Was there a prior FTDM or YTDM meeting? | [ ]  Yes [ ]  No | Date: |       |  |
| Is the family/youth aware a facilitator will be contacting them? | [ ]  Yes [ ]  No |
| Is court involved? | [ ]  Yes [ ]  No |
| If yes, provide date, time, and type of next hearing: |       |  |
| Is there a *No Contact Order* in place? | [ ]  Yes [ ]  No |
| If yes, between who? |       |  |
| Are separate meetings required? | [ ]  Yes [ ]  No |  |
| Any cultural needs and/or special accommodations? | [ ]  Yes [ ]  No |
| If yes, identify: |       |  |
| Need a translator or interpreter? | [ ]  Yes [ ]  No | Language: |       |  |
| Is there a current *Family Interaction Plan* developed and in place? | [ ]  Yes [ ]  No |
| Is there a formal documented concurrent plan? | [ ]  Yes [ ]  No |

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| **What is the desired outcome of this meeting?** (Development or review of: Family Plan, Case Plan, Family Interaction Plan, Concurrent Planning, etc.) |

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| **Potential Team Members** |

| **Member** | **Name** | **Email** | **Phone** |
| --- | --- | --- | --- |
| Ongoing DHS Worker |       |       |       |
| FSRP Contractor/Care Coordinator |       |       |       |
| Child’s Attorney/GAL |       |       |       |
| CASA |       |       |       |
| Mother’s Attorney |       |       |       |
| Father’s Attorney |       |       |       |
| Parent Partner |       |       |       |
| Resource Family |       |       |       |
| Relative/Kinship Caregiver |       |       |       |
| Family Supports |       |       |       |
| Other/Role |       |       |       |
| Other/Role |       |       |       |

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| **When completing this section, consider and assess safety and risk issues, at a minimum:** |

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| [ ]  Children are under 5 years of age[ ]  Sexual abuse[ ]  Physical abuse[ ]  Supervision[ ]  Children have been identified as a victim in the past[ ]  Substance use or abuse (current or history) | [ ]  Home environment[ ]  Mental health issues[ ]  Denial of critical care[ ]  Methamphetamine use or manufacturing[ ]  Domestic violence (current or history) | [ ]  Sex offender in the home[ ]  Food, clothing, shelter and physical living conditions of the children[ ]  Children in out-of-home placement with relative or nonrelative |

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| **Explain the safety and/or risk issues identified for the youth or family:** |

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