Iowa Department of Human Services

**Family Team Decision-Making (FTDM)  
Meeting Notes**

**Family’s Plan**

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| **Case Information** | | |
| Children’s Names | | |
| Parent/Caregiver Name | Parent/Caregiver/Noncustodial Names | |
| Date of FTDM Meeting | Facilitator Name | Facilitator Approval Number |
| Next Court Hearing Date and Time | Type of Hearing | |

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| **Desired Outcomes of this Meeting** |

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| **Family Functioning Domains** |

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| **Child Well-Being** (things to consider) | | |
| * Physical and mental health * Behavior * Relationship with peers | * School performance * Motivation/cooperation to stay with family | * Relationship with siblings * Supports |
| **STRENGTHS:** | | |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **WHO:** | Agrees to do **WHAT:** | By **WHEN:** | **DATE** Completed/Modified |
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| **Parental Capabilities** (things to consider) | | |
| * Supervision of children * Mental health * Informal support | * Disciplinary practices * Physical health | * Developmental/enrichment * Use of drugs/alcohol |
| **STRENGTHS:** | | |

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| **Family Safety** (things to consider) | | |
| * Physical abuse * Neglect of child | * Sexual abuse * Domestic violence | * Emotional abuse |
| **STRENGTHS:** | | |

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| **NEEDS:** |

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| **Family Interactions** (things to consider) | |
| * Bonding with children * Expectations of children * Family interaction planning | * Relationship between parents/caregivers * Mutual support within the family * Concurrent planning |
| **STRENGTHS:** | |

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| **FAMILY/DHS GOAL:** |

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| **WHO:** | Agrees to do **WHAT:** | By **WHEN:** | **DATE** Completed/Modified |
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| A written *Family Interaction Plan*, tailored to meet the safety needs of the family is developed or reassessed during a family team meeting involving a child who is placed out of the home to assure family interaction begins as soon as possible after removal from parental custody. |

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| **Home Environment** (things to consider) | | |
| * Housing stability * Food/nutrition * Transportation | * Safety in community * Financial management * Learning environment | * Habitability of housing * Personal hygiene * Income/employment |
| **STRENGTHS:** | | |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **WHO:** | Agrees to do **WHAT:** | By **WHEN:** | **DATE** Completed/Modified |
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| **Other** (Discuss concurrent planning/permanency goals, any interstate compact issues, child and family cultural factors, language barriers, or if the Indian Child Welfare Act applies, etc.) |
| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **Crisis Plan** |

Discuss what will be done if some part of the plan breaks down and a crisis happens.

| **Risk identified and steps to address the risk issues:** | By **WHEN:** | **Completed/Ongoing** |
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| **Signatures and Notifications** |

| Invited Team Members | Role | Contact Information | Attended |
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Use another signature page if needed.