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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