



Family Team and Youth Transition Decision-Making Meeting Referral

Date of Referral	Referred to	
Referred by		
Email	Phone	County

Parent/Caregiver/Noncustodial Parent Information

Name (last/first)	Role	Phone	Address or Email	Race

Child/Youth Information

Name (last/first)	Placement Information	Phone	Date of Birth (mm/dd/yy)	FACS ID #	State ID #	Race

Check the boxes that apply.

Type of referral: FTDM YTDM

Was there a prior FTDM or YTDM? Yes No Date: _____

Are the family and youth aware a facilitator will be calling them? Yes No

Is court involved? Yes No

Is there a *No Contact Order* in place? Yes No
If yes, between who? _____

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

What is the desired outcome of this meeting?

Potential Team Members

Member	Name	Email	Phone
Ongoing DHS Worker			
FSRP Contractor			
Child's Attorney/GAL			
CASA			
Mother's Attorney			
Father's Attorney			
Parent Partner			
Foster Parent/ Relative Caregiver			
Other/Role			
Other/Role			

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

- Children are under 5 years of age
- Children have been identified as a victim in the past
- Sexual abuse
- Physical abuse
- Denial of critical care
- Supervision
- Home environment
- Mental health issues
- Methamphetamine use or manufacturing
- Substance use or abuse (current or history)
- 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

Identify and document the safety and risk issues for the youth or family:

Identify and document the cultural needs and any special accommodations that the facilitator should be aware of: