

# **BOOST4FAMILIES**

## Community Partnerships for Protecting Children Family Team Meeting Training

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COUNTIES WHERE YOU WORK: \_\_\_\_\_

Please check one of the following:

I see myself working as a facilitator primarily as:

- an in-house FTM Facilitator, serving families with whom my agency, school, or organization is already working.
- a Community FTM facilitator, serving where needed, as available.
- a really good FTM participant.

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