The Resolution Center

FAMILY TEAM MEETING REFERRAL

Please email referral to

Date of referral:	
Family Name:	
Services Case #:	
Referring Caseworker:	**Phone #:**
Caseworker's Supervisor:	**Phone #:**

Please check each box after you have completed each of the following, before submitting this referral:

___ The caseworker explained to the family what a Family Team Meeting (FTM) is.

___ The caseworker completed this form in partnership with the family.

___ The family has signed a Release of Information voluntarily agreeing to a FTM and understands that a FTM Facilitator will be contacting them. *Please give a copy of the signed release when emailing this referral.*

___ The family developed the Family Team Meeting Participation List with the caseworker, identifying family members, service providers, and other individuals who are a resource/support for the family that the family would like present at the FTM.

___ The family has signed the **Family Team Meeting Participation List** authorizing The Resolution Center to discuss the family's involvement in Family Team Meetings with the individuals and/or agency representatives listed on the participant form. *Please fax a copy of the signed form when emailing this referral.* **Fax # (315) 785-0322**

___ The family identified a date/available dates that they would like their meeting to occur:

(Tuesdays)

___ Please identify any safety concerns, if applicable (for child/family, no contact orders, etc.); highlight the concerns below:

DATE	TASK *(for FTM Facilitator ONLY)*
	Date on Referral prepared by Caseworker
	Date Received by FTM Facilitator
	Date FTM Facilitator contacted Family
	Date/Time of Pre-FTM Prep Meeting
	Date/Time of Family Meeting

SAMPLE

Parent/Guardian Identifying Information:			
Family Name (Case):			
Mailing Address:			
Phone Numbers:	Home	Cell	Work
Other #s:			

Parent/Guardian Identifying Information:			
Family Name (Case):			
Mailing Address:			
Phone Numbers:	Home	Cell	Work
Other #s:			

CHILD INFORMATION			
Child Name:			DOB:
Current Address:			
Phone#s	Home	Cell	Work
Other:		Cell	Work

CHILD INFORMATION			
Child Name:			DOB:
Current Address:			
Phone#s	Home	Cell	Work
Other:		Cell	Work

CHILD INFORMATION			
Child Name:			DOB:
Current Address:			
Phone#s	Home	Cell	Work
Other:		Cell	Work

Briefly describe how DSS became involved with this family (include length of involvement):

SAMPLE

What type of case is this: ___CPS ___PREVENTIVE ___RELATIVE PLACEMENT ___RELATIVE FOSTER CARE PLACEMENT ___FOSTER CARE PLACEMENT ___ADOPTION	
If children are currently in a relative placement, how were they placed? ___N Docket ___V Docket	
Date of current placement:	
Prior to this, have any of the children in the family previously been in a foster care or relative placement? ___YES ___NO	
Permanency Plan for each child:	
Date of Last Permanency Hearing:	**Date of Next Permanency Hearing:**
If Family Court proceedings are pending, please specify next court hearing date:	
FAMILY'S STRENGTHS	**FAMILY'S IMMEDIATE NEEDS/CONCERNS**
What is the family's purpose for this Family Team Meeting?	
The family's Desired Goals/Outcomes for their Family Team Meeting:	
What is the agency's reason for this referral?	
The agency's Desired Goals/Outcomes for this Family Team Meeting:	

SAMPLE

SAMPLE