

**The Resolution Center  
PINS  
FAMILY TEAM MEETING REFERRAL**

*Please email referral to  
@resolution-center.net*

<b>Date of referral:</b>	
<b>Family Name:</b>	
<b>Child's Name:</b>	
<b>Referring Caseworker:</b>	<b>Phone #:</b>

CHILD INFORMATION			
<b>Child Name:</b>			<b>DOB:</b>
<b>Current Address:</b>			
<b>Phone #s</b>	<b>Home</b>	<b>Cell</b>	<b>Work</b>

Parent/Guardian Identifying Information:			
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>Phone Numbers:</b>	<b>Home</b>	<b>Cell</b>	<b>Work</b>
<b>Other #s:</b>			

Parent/Guardian Identifying Information:			
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>Phone Numbers:</b>	<b>Home</b>	<b>Cell</b>	<b>Work</b>
<b>Other #s:</b>			

**Briefly describe how the child became involved with the PINS Diversion Process:**

**What are the Goal(s) for Child/Family:**

**What are the Child/Family Strengths:**

**What are the Child/Family Needs:**

**Identified Family Supports To Be Included In FTM:**

<b>Name</b>	<b>Relationship to Family</b>	<b>Address</b>	<b>Phone Number</b>

**Identified Service Providers To Be Included in FTM:**

<b>Name</b>	<b>Agency Affiliation</b>	<b>Address</b>	<b>Phone Number</b>

**Notes/Relevant Information:**

**Please return this form to the Resolution Center of Jefferson and Lewis Counties at 200 Washington Street, Suite 207; Watertown, NY 13601**

**Or e-mail to: [@resolution-center.net](mailto:resolution-center.net)**

**If you have any questions or wish to provide additional information, please call our office at 785-0333 or 376-7991.**