

COMMUNITY BASED FAMILY TEAM MEETING REFERRAL FORM

This form **must** be completed and given to the FTDM Coordinator *prior* to a preparation interview with the family
Please feel free to use additional sheets of paper.

CASE INFORMATION

CHILD(REN) (NAME(S) & AGE):	DATE REFERRED: DATE FTM is needed by: DATE RECV'D BY FACILITATOR:
PARENT/ CAREGIVER – ADDRESS, PHONE#	PARENT/ CAREGIVER- ADDRESS, PHONE#:
REFERRAL SOURCE (NAME, PHONE#, E-MAIL):	PLEASE CHECK BOXES THAT APPLY: <input type="checkbox"/> The family has been told what a FTDM is <input type="checkbox"/> The family has signed a release of information form <input type="checkbox"/> The family is aware that a Referral is being made- and that a Facilitator will be contacting them

CHILD & FAMILY FUNCTIONING DOMAINS

Please indicate all areas of concern that apply to the child and family:

CHILD WELL BEING

- | | | |
|---------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Mental & Physical Health | <input type="checkbox"/> School performance | <input type="checkbox"/> Relationship with parents/caregivers |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Relationship with Sibling(s) | <input type="checkbox"/> Motivation/cooperation to stay with family |
| <input type="checkbox"/> Relationship with peers | | |

PARENTAL CAPABILITIES

- | | | |
|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Supervision of Child(ren) | <input type="checkbox"/> Disciplinary Practices | <input type="checkbox"/> Developmental/enrichment |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Use of drugs/alcohol |

FAMILY SAFETY

- | | | |
|-------------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Neglect of child | <input type="checkbox"/> Domestic violence | |

FAMILY INTERACTIONS

- | | | |
|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Bonding with child(ren) | <input type="checkbox"/> Relationship between parents/caregivers | <input type="checkbox"/> Mutual support within the family |
| <input type="checkbox"/> Expectations of child(ren) | | |

HOME ENVIRONMENT

- | | | |
|--------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Housing Stability | <input type="checkbox"/> Safety in community | <input type="checkbox"/> Habitability |
| <input type="checkbox"/> Food/nutrition | <input type="checkbox"/> Financial management | <input type="checkbox"/> Personal hygiene |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Learning environment | <input type="checkbox"/> Income/employment |

OTHER

- | | | |
|--------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> Current No Contact Order | <input type="checkbox"/> Probation/ Parole involvement |
|--------------------------------|---------------------------------------------------|--------------------------------------------------------|

NARRATIVE- *Include names and contact information of others involved (parents, relatives, friends, community supports, relative placement names, service providers, attorneys, etc...), safety issues, cultural issues, and other relevant info for the Facilitator to be aware of when engaging the family.*

