Iowa Department of Human Services

**Family Team and Youth Transition**

**Decision-Making Meeting Referral**

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| Date of Referral      | Referred to      |
| Referred by      |
| Email      | Phone      | County      |

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| **Parent/Caregiver/Noncustodial Parent Information** |

| **Name (last/first)** | **Role** | **Phone** | **Address or Email** | **Race** |
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|       |       |       |       |       |
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| **Child/Youth Information** |

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

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| **What is the desired outcome of this meeting?** |

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| **Potential Team Members** |

| **Member** | **Name** | **Email** | **Phone** |
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| 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 |       |       |       |

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

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

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

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