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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| **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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