Team-based planning Meeting Request (Please fill out completely)

New DFS CSA cases – Complete Parts 1 and 2 only (DFS-CYF initiating team-based planning meetings will follow internal procedures)

Date Submitted: Click or tap to enter a date.

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| **PART 1. DEMOGRAPHICS INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Youth Information** | | | | | | | | | | | | | | | | | | |
| **Legal Name** Last: enter text. First: enter text.  *Preferred Name (optional)*: enter text. | | | | | | | | | | | DOB: enter a date. | | | | | | Sex: Select  *Preferred pronoun*: enter text. | |
| CANVAS# *(if known)*:enter text. | | | | | | Oasis #: enter text. | | | | | | | | | Medicaid: Select | | | |
| Race: Click to select item. | | | Hispanic Origin: Select | | | | | Interpreter Needed: Select | | | | | | | | ***\*\*Please note: School, CSB and Juvenile Court: it is the responsibility of the referring worker to secure.*** | | |
| Address: Click or tap here to enter text. | | | | | | | City: enter text | | | | | State: enter text. | | | | | | Zip: enter text. |
| **Parents/Guardian Information** | | | | | | | | | | | | | | | | | | |
| Parent Guardian 1: | | | | | | | | | | | | | | | | | | |
| Name: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| *Check here if address is same as above* | | Address: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| City: enter text. | | | | State: enter text. | | | | Zip: enter text. | | | | | | Locality: enter text. | | | | |
| Phone: enter text. | | | | | | | | | | Email: enter text. | | | | | | | | |
| Parent Guardian 2: | | | | | | | | | | | | | | | | | | |
| Name: enter text. | | | | | | | | | | | | | | | | | | |
| *Check here if address is same as above* | | Address: enter text. | | | | | | | | | | | | | | | | |
| City: enter text. | | | | State: enter text. | | | | Zip: enter text. | | | | | | Locality: enter text. | | | | |
| Phone: enter text. | | | | | | | | | | Email: enter text. | | | | | | | | |
| **Case Manager Information** | | | | | | | | | | | | | | | | | | |
| Name: enter text. | | | | | | | | | | | | | | Agency: enter text. | | | | |
| Phone: enter text. | | | | | Email: enter text. | | | | | | | | | | | | | |
| **Meeting Day/Time Preference - *Please indicate preferred days of the week/times of day for youth, family and referring agency to meet*** | | | | | | | | | | | | | | | | | | |
| Day: Choose an item. | | | | | | | | | Time: enter text. | | | | | | | | | |
| Day: Choose an item. | | | | | | | | | Time: enter text. | | | | | | | | | |
| Day: Choose an item. | | | | | | | | | Time: enter text. | | | | | | | | | |
| **PART 2. COMMUNITY INFORMATION** | | | | | | | | | | | | | | | | | | |
| **School Information** | | | | | | | | | | | | | | | | | | |
| Grade: enter text. | Current School: enter text. | | | | | | | | | | | Base School: enter text. | | | | | | |
| Special Education: Select | | | | IEP Date: enter a date. | | | | | | | | | Autism Spectrum: Select | | | | | |

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| **Agency Contacts** ***(please indicate contact name and if status is past or current)*** | | | | | |
| CSB (Behavioral Health/DDS*)* | Name: Click or tap here to enter text. | | | | Status: Select |
| School | Name: Click or tap here to enter text. | | | | Status: Select |
| DFS | Name: Click or tap here to enter text. | | | | Status: Select |
| Juvenile Court | Name: Click or tap here to enter text. | | | | Status: Select |
| Public Heath | Name: Click or tap here to enter text. | | | | Status: Select |
| NCS | Name: Click or tap here to enter text. | | | | Status: Select |
| OFC | Name: Click or tap here to enter text. | | | | Status: Select |
| Utilization Review | Name: Click or tap here to enter text. | | | | Status: Select |
| Community Provider | Name: Click or tap here to enter text. | | | | Status: Select |
| **Part 3. Current/Immediate Needs** | | | | | |
| DSM Diagnosis: Click or tap here to enter text. | | | | Medications: Click or tap here to enter text. | |
| Youth and Family Strengths: Click or tap here to enter text. | | | | | |
| Brief description of current needs: Click or tap here to enter text. | | | | | |
| **Significant Incident(s)** ***within the past 60 days*** (check all that apply): | | | | | |
| Relief of custody petition/request | | Recommended for homebound instruction due to severe, disability anxiety/depression | | | |
| Second JDC or Less Secure placement | | Consideration of a more restrictive setting for special education student | | | |
| Psychiatric hospitalization | | Ten days of suspension within a school year | | | |
| Leland placement | | Recommendation for expulsion | | | |
| Entry into foster care or notice to DFS thereof | | Sexually aggressive/reactive behavior | | | |
| Threatened foster home disruption | | Pattern of running away accompanied by risk behaviors | | | |
| Threatened disruption to living situation | | Behavior requiring 911 involvement | | | |
| **Youth/Family Services - *received within the past 60 days or anticipates receiving*** (check all that apply)**:** | | | | | |
| Diagnostic/Evaluation/Assessment Services | | | Respite Care | | |
| Outpatient services (Individual/Group, Family/Med Management) | | | Therapeutic Foster Care | | |
| Crisis/Emergency Services | | | Transition to Adult Services | | |
| Intensive Home-based Services | | | Recovery Support Services (ex: Supported employment) | | |
| Intensive Day Treatment Services | | | Other/ Please name service: | | |
| **Request** | | | | | |
| **Reason for Request**: Choose an item. | | | | | |
| **CANS** - PLEASE NOTE: IF YOU ARE REQUESTING A *FAMILY PARTNERSHIP MEETING*, PLEASE SKIP THE ABBREVIATED CANS BELOW AND ATTACH A *FULL CANS* WITH YOUR REQUEST. All other requests, please complete the section below or submit a full CANS (completed by a **certified rater** and **dated within the past 60 days**). | | | | | |
| CANS Attached – Date of Rating: Click or tap to enter a date. | | | | | |

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| **HILD BEHAVIORAL / EMOTIONAL NEEDS** | | | | |
| 0 = No evidence of problems 3 = Causing severe/  1 = History, Watch/Prevent dangerous problems  2 = Causing problems, consistent with diagnosable disorder | | | | |
|  | **0** | **1** | **2** | **3** |
| Psychosis |  |  |  |  |
| Impulse / Hyper |  |  |  |  |
| Depression |  |  |  |  |
| Anxiety |  |  |  |  |
| Oppositional |  |  |  |  |
| Conduct |  |  |  |  |
| Adjustment to Trauma |  |  |  |  |
| Anger Control |  |  |  |  |
| Substance Use |  |  |  |  |
| Eating Disturbance |  |  |  |  |

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| **CHILD RISK BEHAVIORS** | | | | |
| 0 = No evidence of problems 2 = Recent, Act  1 = History, Watch/Prevent 3 = Acute, Act Immediately | | | | |
|  | **0** | **1** | **2** | **3** |
| Suicide Risk |  |  |  |  |
| Self-Mutilation |  |  |  |  |
| Other Self-Harm |  |  |  |  |
| Danger to Others |  |  |  |  |
| Sexual Aggression |  |  |  |  |
| Runaway |  |  |  |  |
| Delinquent Behavior |  |  |  |  |
| Fire Setting |  |  |  |  |
| Intentional Misbehavior |  |  |  |  |
| Sexually Reactive Behavior |  |  |  |  |
| Bullying |  |  |  |  |

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| **LIFE DOMAIN FUNCTIONING** | | | | |
| 0 = No evidence of problems 2 = Moderate  1 = History, Mild 3 = Severe | | | | |
|  | **0** | **1** | **2** | **3** |
| Living Situation |  |  |  |  |
| Sleep |  |  |  |  |
| Social Functioning |  |  |  |  |
| Communication |  |  |  |  |
| Medical |  |  |  |  |
| Independent Living |  |  |  |  |

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| **SCHOOL** | | | | |
| 0 = No evidence of problems 2 = Moderate Needs  1 = Minimal Needs 3 = Severe Needs | | | | |
|  | **0** | **1** | **2** | **3** |
| School Behavior |  |  |  |  |
| School Achievement |  |  |  |  |
| School Attendance |  |  |  |  |