[ ] 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 | [ ]  | [ ]  | [x]  | [ ]  |
| 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 = Moderate1 = 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 | [ ]  | [ ]  | [ ]  | [ ]  |