Employment and Social Services

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Child and Family Team Meeting Request Form

Basic Information

Date: _____

Child's Name: _____

Social Worker: _____
Social Worker Phone: _____

Requestor's Information

Requestor's Name: _____
Requestor's Phone: _____

Relationship to the Child: _____

Reason for Child and Family Team Meeting

Please check one:

- ☐ Child or youth is at risk of placement disruption
- ☐ The placing agency is considering an Out of County Placement – Presumptive Transfer (RFA home, Family, STRTP, etc.)
- ☐ Change in services is needed
- ☐ Child's mental health needs
- ☐ Child's educational needs
- ☐ Addressing barriers which affect the coordination of sibling or family visits (distance, logistics or supervision)
- ☐ Difficulties in coordination of Independent Living Skills Programs
- ☐ Addressing barriers regarding the planning and coordination of extra-curricular activities or school functions
- ☐ Case Plan progress or changes

Note Child and Family Team Meetings are not intended to be used to discuss personal issues with Social Workers or Court proceedings.

Please explain below:

SUBMIT for Scheduling