

Winchester Department of Social Services Family Team Meeting Report

Lead Agency: _____

Family Name: _____ Case No: _____

Team Vision Statement: _____

Date of Meeting: _____

Date of Next FTM: _____

90 Day Review Date Due: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Parents/Caregiver(s): _____

Reason for/Purpose of Meeting: *(check all that apply)*

- Very High or High Risk Child Assessment
- Emergency Removal or At Risk of Out of Home Placement
- Placement Preservation/Change of Placement/Disruption or Dissolution of Adoption
- Prior to a Change of Goal
- Requested by a Parent (birth, foster, adoptive, or legal guardian), Youth, or Social worker
- Other *(please explain)*

Reason for Department's Current Involvement: *(check one)*

- CHINS
- Delinquency
- Foster Care Prevention (not CHINS or Delinquency Related)
- Entrustment/Noncustodial
- Abuse & Neglect
- Foster Care

Funding:

Yes—Funding Authorized **Type:** CSA Mandated CSA Non-Mandated

Date of last CANS assessment: _____

System of Care Principles
Family Voice and Choice • Natural Supports • Community-Based
Collaboration • Team Based • Culturally Competent • Persistence
Outcome-Based • Individualized • Strength-Based

Presenting Issue: *(Reason for Family Team Meeting)*

Youth Strengths:

Parent(s)/Family Strengths:

Family Vision Statement (finish this statement): "Life will be better when..."

- 1.
- 2.
- 3.
- 4.
- 5.

RECOMMENDATIONS:

Family Team Members in Attendance: *(include name and relationship)*

Family Team Members invited but not in attendance: *(include name and relationship)*

Date of Next Team Meeting:

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Outcome-Based ● Individualized ● Strength-Based