

Winchester Family Team Meeting Signature Sheet

Family Name: _____

Date: _____

Signing this sheet verifies that you were present during the Family Team Meeting (FTM) and that you actively participated in its development with guidance and input from the team. The Family Team Care Plan will serve as a written contract between family members, the Winchester Department of Social Services and family team members. ***Please sign legibly.*** After signing, please check whether you *agree* or *disagree* with the plan that was developed or outcome that was decided by the team.

Your signature on this document also verifies that you understand that everything discussed in this FTM is considered as private and will not be discussed with persons outside of this team unless a *Consent to Release Information* form has been signed by the family, the youth/family is under a court order, abuse or neglect has been alleged, or a person is a danger to self or others.

 Parent/Custodian Date Agree Disagree

 Parent/Custodian Date Agree Disagree

 Youth Date Agree Disagree

 Social Worker Date Agree Disagree

 Social Worker Date Agree Disagree

 Guardian Ad Litem Date Agree Disagree

 Attorney Date Agree Disagree

 Attorney Date Agree Disagree

 Attorney Date Agree Disagree

 Probation Officer Date Agree Disagree

 Service Provider Date Agree Disagree

 Service Provider Date Agree Disagree

 Service Provider Date Agree Disagree

 Parent/Custodian Date Agree Disagree

 Parent/Custodian Date Agree Disagree

 Natural Support Date Agree Disagree

 Natural Support Date Agree Disagree

 Natural Support Date Agree Disagree

 School Representative Date Agree Disagree

 Other Date Agree Disagree

 Other Date Agree Disagree

 Other Date Agree Disagree

 FTM Facilitator Date Agree Disagree

Supervisor's initials/date: _____

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