

**FAMILY TEAM AND YOUTH TRANSITION DECISION-MAKING MEETING REFERRAL
FORM 470-5150
INSTRUCTIONS**

The Family Team and Youth Transition Decision-Making Meeting Referral, form 470-4150, is used by the Department worker as a referral form to offer a Family Team Decision-Making (FTDM) Meeting or a Youth Transition Decision-Making (YTDM) Meeting to a child, youth, or family.

Case Information. All fields in this section of the FTDM/YTDM Meeting Referral must be completed, including:

- **Identified child/youth name.** Enter the name of the identified billable child or youth with the open DHS service case. FSRP Service cases are opened under the youngest child victim in the home and are tracked under the case name for the purposes of reporting on FTDM and YTDM meetings during the life of the case.
- **Open FSRP Case or Non-FSRP case.** Check whether this is an open FSRP case or a Non-FSRP case.
- **Type of Referral.** Check whether this is a Family Team Decision-Making (FTDM) Meeting or a Youth Transition Decision-Making (YTDM) Meeting.
- **Date of Referral.** Enter the date of referral.
- **Referred to.** Enter the name of the referral organization that is responsible for assigning an approved facilitator.
- **Referred by.** Enter the name of the Department referral worker.
- **Email.** Enter the Department worker email address.
- **Phone.** Enter the Department worker phone number.
- **County.** Enter the county name or number.
- **Life of the Case Juncture.** Complete only if an open DHS child welfare service case. Check the appropriate box for the identified juncture during the life of the case that the referral is being made.

For FTDM Meetings, those junctures include:

- Before Removal
- After Removal
- Placement change
- Level of care change
- Permanency decisions
- Before Safe Case Closure
- Agency (DHS) request

For YTDM Meetings, these junctures include:

- Within 30 days of youth's 17th birthday
- Within 90 days prior to youth's 18th birthday
- **Parent, caregiver, or non-custodial parent information.** Enter first and last name, role, phone number, date of birth in mm/dd/yy format, and address or email address. Select the race and ethnicity from the drop down box.
 - Race Codes
 - W – White
 - B – Black or African American
 - A – Asian

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- I – American Indian or Alaska Native
 - N – Native Hawaiian or Other Pacific Islander
 - Ethnicity Codes
 - H – Hispanic or Latino or Spanish Origin
 - N – Not Hispanic or Latino or Spanish Origin
- **Child/Youth Information.** Enter first and last name, placement information, and phone number, date of birth in mm/dd/yy format, FACS Identification number, and state identification number of ALL children in the home. Select the race and ethnicity from the drop down box.
 - Race Codes
 - W – White
 - B – Black or African American
 - A – Asian
 - I – American Indian or Alaska Native
 - N – Native Hawaiian or Other Pacific Islander
 - Ethnicity Codes
 - H – Hispanic or Latino or Spanish Origin
 - N – Not Hispanic or Latino or Spanish Origin
- **Prior FTDM or YTDM meeting.** Check yes or no if there was a prior FTDM or YTDM Meeting.
 - If yes, then enter the date of the prior meeting.
- **Contact Call.** Check yes or no if the family or youth is aware that the facilitator will be calling them.
- **Court Involvement.** Check yes or no if there is Court involvement.
 - If yes, then enter the date, time, and type of next hearing.
- **No Contact Order (NCO).** Check yes or no if there is a NCO in place.
 - If yes, enter who the NCO is between.
 - Check yes or no if separate meetings are required.
- **Cultural Needs or Special Accommodations.** Check yes or no if there are any cultural needs or special accommodations that the facilitator should be aware of.
 - If yes, enter the identified needs or accommodations.
- **Translator or Interpreter.** Check yes or no whether there is a need for a translator/interpreter.
 - If yes, enter the specific language or interpretation need.
- **Family Interaction Plan.** Check yes or no if there is a current Family Interaction Plan developed and in place.
- **Concurrent Plan.** Check yes or no if there is a formal documented concurrent plan.
- **Desired Outcome of the Meeting.** Enter the desired outcome of the meeting. This could include development or review of the following:
 - Family’s or youth’s plan
 - Case plan
 - Family interaction plan
 - Concurrent planning
- **Potential Team Members.** Enter the name, email address, and phone number of the potential team members to be invited to the FTDM or YTDM Meeting. Potential team members to consider:

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- Ongoing DHS worker
- FSRP Contractor/Care Coordinator
- Child's Attorney or Guardian ad Litem (GAL)
- Court Appointed Special Advocate (CASA)
- Mother's Attorney
- Father's Attorney
- Parent Partner
- Resource Family
- Relative/Kinship Caregiver
- Family Supports
- Other
 - If other is selected, identify role.
- **Safety and Risk Issues.** Identify and check the safety and risk issues box(es) identified for the youth or family. At a minimum, consider and assess the following:
 - Children under five (5) years of age
 - Children identified as a victim in the past
 - Sexual abuse
 - Physical abuse
 - Denial of critical care
 - Supervision
 - Home environment
 - Mental health issues
 - Methamphetamine use or manufacturing
 - Substance use or abuse (current and history)
 - Domestic violence (current and history)
 - Sex offender in the home
 - Food, clothing, shelter and physical living conditions of the children
 - Children in out-of-home placement with relative or nonrelative

If any of the boxes are checked, document the explanation as to why these are identified issues in the respective section of the referral document.

Completion/Distribution Requirements

The Department worker completes the referral and provides to the assigned contractor organization for assignment of a FTDM or YTDM Meeting facilitator.

Location of Forms

All FTDM and YTDM Meeting forms and documents can be accessed at the following website:

<http://www.iatrainingsource.org/ftdm-ytdm-documents>