Iowa Department of Human Services

**Family Team Decision-Making (FTDM)
Meeting Notes**

**Family’s Plan**

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| **Case Information** |
| Children’s Names      |
| Parent/Caregiver Name      | Parent/Caregiver/Noncustodial Names      |
| Date of FTDM Meeting      | Facilitator Name      | Facilitator Approval Number      |
| Next Court Hearing Date and Time            | Type of Hearing      |

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| **Desired Outcomes of this Meeting** |

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| **Family Functioning Domains** |

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| **Child Well-Being** (things to consider) |
| * Physical and mental health
* Behavior
* Relationship with peers
 | * School performance
* Motivation/cooperation to stay with family
 | * Relationship with siblings
* Supports
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **WHO:** | Agrees to do **WHAT:** | By **WHEN:** | **DATE** Completed/Modified |
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| **Parental Capabilities** (things to consider) |
| * Supervision of children
* Mental health
* Informal support
 | * Disciplinary practices
* Physical health
 | * Developmental/enrichment
* Use of drugs/alcohol
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **Family Safety** (things to consider) |
| * Physical abuse
* Neglect of child
 | * Sexual abuse
* Domestic violence
 | * Emotional abuse
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **Family Interactions** (things to consider) |
| * Bonding with children
* Expectations of children
* Family interaction planning
 | * Relationship between parents/caregivers
* Mutual support within the family
* Concurrent planning
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| A written *Family Interaction Plan*, tailored to meet the safety needs of the family is developed or reassessed during a family team meeting involving a child who is placed out of the home to assure family interaction begins as soon as possible after removal from parental custody. |

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| **Home Environment** (things to consider) |
| * Housing stability
* Food/nutrition
* Transportation
 | * Safety in community
* Financial management
* Learning environment
 | * Habitability of housing
* Personal hygiene
* Income/employment
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| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **WHO:** | Agrees to do **WHAT:** | By **WHEN:** | **DATE** Completed/Modified |
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| **Other** (Discuss concurrent planning/permanency goals, any interstate compact issues, child and family cultural factors, language barriers, or if the Indian Child Welfare Act applies, etc.) |
| **STRENGTHS:** |

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| **NEEDS:** |

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| **FAMILY/DHS GOAL:** |

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| **Crisis Plan** |

Discuss what will be done if some part of the plan breaks down and a crisis happens.

| **Risk identified and steps to address the risk issues:** | By **WHEN:** | **Completed/Ongoing** |
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| **Signatures and Notifications** |

| Invited Team Members | Role | Contact Information | Attended |
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