|  |
| --- |
| **Date**:       **Case Number:**       **Location for TDM:** [ ]  **Service Center**[ ]  **Off Site**[ ]  **Virtual ☐ Hybrid** **County:**       **Zip code of family home:**      **Has this family had a previous TDM?** [ ] Yes [ ]  No**If yes, who was the previous Facilitator:**       |
| **CPS Worker requesting TDM:** |  | **Worker’s Supervisor:**  |  |
| Worker Phone: |  | Supervisor Phone: |  |
| Email: |  | Email: |  |

**Total number expected to attend (not including facilitator):**

|  |
| --- |
| **Family/Worker Availability for meeting date/time. Please submit two:** |
| **1st choice date/time:**  | Click or tap to enter a date. | Choose an item. |
| **2nd choice date/time:**  | Click or tap to enter a date. | Choose an item. |

**FAMILY INFORMATION:**

**Parents and/or caregivers:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (First & Last)** | **Relationship to child** | **Client ID** | **DOB** | **In Household (Y/N)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Was the non-custodial parent invited?** [ ] Yes [ ]  No

**If “no” why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children in the home and out of the home:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (First & Last)** | **DOB** | **Client ID** | **M/F** | **Race/Eth** | **Identified Child (Y/N)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\* Youth ages 10-17 should be invited to the meeting.**

Does the family have any Tribal affiliation? [ ]  Yes [ ]  No Tribe:

Does the family have history with PPS? [ ]  Yes [ ]  No

Are the child(ren) in Police Protective Custody? [ ]  Yes [ ]  No

Are the child(ren) in DCF custody? [ ]  Yes [ ]  No

Is the family currently involved with? [ ]  Foster Care [ ]  Aftercare [ ] Family Preservation [ ]  Family Service [ ]  Family First

If Family First, which service?

Date of Caregiver/Child Separation (if applicable):

**MEETING PLANNING INFORMATION:**

Conference Line needed? YES [ ]  NO [ ]

Do you have any security concerns? YES [ ]  NO [ ]

Do you need any special accommodation (accessibility, etc.)? YES [ ]  NO [ ]

Will an interpreter need to be invited? YES [ ]  NO [ ]

Are there concerns for **sexual abuse** of the identified child? YES [ ]  NO [ ]

Is **domestic violence** a known or suspected issue? YES [ ]  NO [ ]

Is there a court order (no contact, restraining) in place? YES [ ]  NO [ ]

Is either parent incarcerated? YES [ ]  NO [ ]

Do you have reason to believe two meetings would be needed? YES [ ]  NO [ ]

**Please provide the necessary information for all “yes” answers. (i.e. type of interpreter, special accommodations etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Invitees** (counselor/therapist/doctor, teacher, recreation coach, pastor, family, friends, neighbor, co-worker, etc.)

**The TDM Scheduler will invite professionals if email address is available. The worker needs to invite all others.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (First & Last)** | **Relationship to Family** | **Phone number/email address** | **Scheduler needs to invite (Y/N)?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*For scheduling, email the completed form to:*

*You, your supervisor, and the facilitator will receive an Outlook invite to confirm the meeting date/time*