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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |
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**Was the non-custodial parent invited?** Yes  No

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

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

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| --- | --- | --- | --- | --- | --- |
| **Name (First & Last)** | **DOB** | **Client ID** | **M/F** | **Race/Eth** | **Identified Child (Y/N)** |
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**\* 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)?** |
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*For scheduling, email the completed form to:*

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