

## Initial TDM Meeting Scheduling Form

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:

1 <sup>st</sup> choice date/time:	Click or tap to enter a date.	Choose an item.
2 <sup>nd</sup> 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.

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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.)

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**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

