

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
 Email: _____ Phone: _____
 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.

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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.)

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

