RESET

Subsidy Family Meeting
Ongoing Meetings – Residential Subsidy

Date of Meeting	County	Adoption Subsidy Worker / Worker #
		/

Child's Name	DCN	Date of Birth

Family Name	DVN	Call Case Number

1. Progress and Successes since last meeting.

2. Goals and Objectives: (Based on the treatment plan – Summarize the goals that have been set for the youth, the time limits given and how they were or were not attained.)

3. What are the current barriers to reintegration (family and youth)

4. Describe what services (referrals) will need to be obtained to achieve a successful residential discharge.

5. Date of last progress report from the facility and what is their estimated discharge date & plan:

Based on the above information, the family and team are requesting __ more months of residential treatment.

Supervisor's Signature

Date

Those attending: