

**72 HOUR FAMILY SUPPORT TEAM MEETING
SIGN-IN/CONFIDENTIALITY STATEMENT, FST-2 INSTRUCTIONS**

Purpose:

This form assists staff in completing a written plan within 72 hours of the child coming into care. The form documents the immediate needs of the case and allows the family to start working on tasks while the assessment process is completed. The form also serves as a confidentiality statement and a sign in sheet for Family Support Team Meetings. It also documents participant's agreement regarding confidentiality as well as their agreement with the written plan developed during the meeting.

Instructions for Completion:

Enter the family's name

Enter the date of the meeting

Enter the names of individuals invited to attend to a Family Support Team meeting

Enter the participant's relationship to the family

Ask participants to read the confidentiality statement

Have participants sign the form across from their name signifying that they are in attendance and they are in agreement with the confidentiality statement

At the close of the Family Support Team Meeting, have participants check the appropriate "yes" or "no" box to indicate whether they are in agreement with the written plan developed by the team

If they are not in agreement with the written plan, document the nature of a participant's disagreement in the bottom section of the form

Document the date/time and location of the next meeting

Progress Notes Section:

Provide progress notes on the areas listed:

- Child Education
- Child Health/Mental Health
- Parents' Health/Mental Health
- Special Needs of the Family (if applicable)
- Diligent Search (absent parent, relatives, kin)
- Resource Provider
- Services/Treatment Needs

Visitation Recommendations:

Visitation recommendations completed as agreed upon by the Family Support Team

Recommendations:

Check the box applicable as agreed upon by the Family Support Team. Enter the behaviorally specific tasks to be accomplished before the 30 Family Support Team Meeting. Indicate who will do each task and the timeframe in which the task should be completed.

Number of Copies and Distribution:

At the close of the meeting provide copies of the form to participants who request it. A copy should be provided to the parents. The original should go in the case record.

Instructions for Retention:

This form is to be maintained in the assessment and services section of the case record.

Memoranda History: [CD05-72](#), [CD10-17](#), CD13-75