

## **FAMILY SUPPORT TEAM MEETING TEMPLATE/SIGN-IN/CONFIDENTIALITY STATEMENT, FST-3 INSTRUCTIONS**

### **Purpose:**

This form is used to improve engagement, to document what is occurring during Family Support Team Meetings and to keep the Family Support Team Meeting on track. The FST-3 provides workers with a guide to summarize case progress. The FST-3 will be used for all additional meetings after the 72 hour meeting. Taking notes on the form during the meeting can be made optional based on the supervisor's discretion. This 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 Service Agreement developed during the meeting.

### **Instructions for Completion:**

Enter the family's name

Enter the date of the meeting

Indicate whether or not the meeting is a PPRT

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 Service Agreement developed by the team

If they are not in agreement with the 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

### **Type of Meeting:**

Check the box applicable for the type of Family Support Team Meeting

### **Reason for Removal:**

Document the reason for removal and check if the Adoption and Safe Families Act was discussed with the family.

**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
- Progress/Services/Treatment Needs Necessary to Achieve Permanency
- Compliance with Written Service Agreement

**Visitation Recommendations:**

Visitation recommendations completed as agreed upon by the Family Support Team

**Permanency Plan / Concurrent Plan:**

This section is to document the current permanency and concurrent plan for the child.

**Recommendations:**

Check the box applicable as agreed upon by the Family Support Team.

**Residential Reauthorization Attachment:**

The attachment provides the Family Support Team with information on the youth's current residential placement.

- Discuss behaviors that lead to residential placement
- Residential services in place and the frequency of services
- Residential payment level and services associated with the payment level

The attachment is only required for youth in residential placement.

**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