

FRANKLIN COUNTY FAMILY GROUP DECISION-MAKING AGENCY REFERRAL FORM

CONFIDENTIAL

* The FGDM Coordinator/Supervisor will contact you to review the referral information *

Case Name (Family Name): _____

Referred by: _____ Agency: JPO | FCCYS | _____ Date: _____

Office Phone/Ext.: _____ Other Phone/Ext.: _____ Fax: _____

Name of Supervisor: _____ Sup. Office Phone/Ext.: _____

Name of Probation Officer: _____ Probation Phone/Ext.: _____

Court Involved: Y or N Previous Court Date: _____ Next Court Date: _____

FAMILY INFORMATION

Key Family Contact Person: _____ Relationship to youth: _____

Address: _____ Phone 1: _____ Phone 2: _____

City/St/Zip: _____ Email: _____

Caregiver(s)	Mother	Father	Other:
Name			
DOB/Age	/	/	/
Ethnicity			
Address			
Phone 1			
Phone 2			
Email			

Child(ren) Name(s)	Race	Hisp./Non-hisp.	Birthdate	Age / Gender	Lives with...
				/ M or F	
MCI #: <input type="text"/>				/ M or F	
				/ M or F	
MCI #: <input type="text"/>				/ M or F	
				/ M or F	
MCI #: <input type="text"/>				/ M or F	
				/ M or F	
MCI #: <input type="text"/>				/ M or F	

Have you discussed the practice of FGDM with the family? Y or N

If No, when are you available to meet with the family and a FGDM coordinator to discuss the possibility of a family group conference? _____

Have you and the family completed the Participation Agreement/Authorization of Consent Form? Y or N

If Yes, please return the Participation Agreement/Authorization of Consent along with this Referral Form.

When would you prefer the Family Group Conference to occur? _____

At the time of the conference, please select the child/youth's Court/Legal Involvement (select one):

<input type="checkbox"/>	Alleged Dependent
<input type="checkbox"/>	Alleged Delinquent

<input type="checkbox"/>	Dependent
<input type="checkbox"/>	Delinquent

<input type="checkbox"/>	Both (Dependent & Delinquent)
<input type="checkbox"/>	None

Are there any crucial deadlines the FGDM Coordinator should be aware of at this time? Please describe. _____

What is the main purpose or objective for utilizing a family group conference? _____

Please mark all areas that help describe the strengths and the concerns you observe. These will be shared with the family during the coordination period as well as the conference itself.

Family Strengths:

<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Strong Networking
<input type="checkbox"/>	Trustworthy	<input type="checkbox"/>	Open Minded
<input type="checkbox"/>	Thoughtful	<input type="checkbox"/>	Determined
<input type="checkbox"/>	Hard working	<input type="checkbox"/>	Motivated
<input type="checkbox"/>	Sense of humor	<input type="checkbox"/>	Receptive to Help
<input type="checkbox"/>	Talkative	<input type="checkbox"/>	Open up to Others
<input type="checkbox"/>	Respectful	<input type="checkbox"/>	Reliable
<input type="checkbox"/>	Dependable	<input type="checkbox"/>	Loving to others
<input type="checkbox"/>	Integrity / Truthful	<input type="checkbox"/>	Tolerant / Merciful
<input type="checkbox"/>	Follow Through	<input type="checkbox"/>	Other:

Family Concerns:

<input type="checkbox"/>	Relationship Issues	<input type="checkbox"/>	Housing
<input type="checkbox"/>	Supervision	<input type="checkbox"/>	Communication
<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Anger
<input type="checkbox"/>	Truancy	<input type="checkbox"/>	Grief / Loss
<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Physical Health
<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Emotional Health
<input type="checkbox"/>	Behavior issues	<input type="checkbox"/>	Support Network
<input type="checkbox"/>	Mental health	<input type="checkbox"/>	Motivation
<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Other:

What are the bottom-line concerns that MUST be addressed by the family at the family group conference in order for you to accept the family's plan? These are the non-negotiable concerns that address safety, permanency, and well-being and should guide the stated purpose for the conference.

1. _____
2. _____
3. _____
4. _____

Briefly describe the situation and any other relevant information that we should know about the family (custody, POA/Public Defender/Attorney, PFA's, relational dynamics, restraining orders, culture, heritage, religious affiliation/ beliefs, transportation needs, disabilities, services in place or needed, etc.)

*** Please attach other sheets as needed, case profiles, other documentation, or other relevant information.**