

FAMILY GROUP DECISION MAKING

REFERRAL FORM

**What Is Family Group Decision Making & How Will It Help My Family?**

Family Group Decision Making (FGDM) is based on the belief that a family can be more effective in making good decisions than an individual/agency. This is the belief that families are the experts on themselves and when families are included in decision-making they are capable of identifying their own needs and strengths. FGDM recognizes that members of the family’s own community add value to the process by serving as natural supports to the family.

FGDM gives the family an opportunity to take the lead in the decision making process. It is a collective, not an individual, decision-making process. The FGDM allows families to actively seek the collaboration and leadership of their own family groups to create and implement plans that meet the child’s/youth’s/family’s needs. FGDM does not approach families with predetermined outcomes. It is not a conflict-resolution approaches, therapeutic interventions or forums for ratifying professionally crafted decisions. The referral to FGDM is a process, not a one-time event or a piece of paper.

This FGDM process involves the family group and the coordinator. The coordinator is independent of the case and will work to bring together the family. The role of the coordinator is to work with the family to widen the circle to include the broadest of family groups and natural supports. (The definition of family includes extended family group, which may include maternal and paternal relatives, stepchildren, half-siblings, friends, community supports, neighbors, religious leaders, tribal elders and other natural supporters who have a significant relationship with the child, parent or other family member.) The Coordinator shares only information that is relevant to provide participants with a reasonable understanding of why a FGDM Conference is to be held and to confirm willingness to participate in the Conference. Specific information sharing is left to family members at during private family time.

The referral process can now be initiated not just by service providers, government agencies and/or community organizations, but is available to families through this self-referral process.

**What Type of Family Should Participate in a Family Group Decision Making Conference?**

There is no certain type of families that benefits most from a FGDM Conference. If a family meets the prerequisites listed below they are able to participate with family group:

* A decision needs to be made to protect or assist child(ren) in the home, meeting child’s/youth’s/family’s needs
* It has been determined a meeting could be held safely for all willing participants
* There are enough family members willing to participate to constitute a family group
* There is no current plan set for family through government agency, participation upon verification

**What Concerns Constitute the Need for a Family Group Decision Making Conference?**

There can be many different concerns identified. The purposes for holding a FGDM meeting can range greatly. However, the main goal is to support the safety, permanency, and well-being of child(ren). Some examples of FGDM goals may include:

* Work to decrease unruly behavior, improve grades and/or relationship between the children, siblings and parents.
* Plan to help a teen with sobriety upon return from treatment.
* Assisting a teen dealing with suicidal thoughts and depression.
* Identify family to provide respite care options for child(ren) and support for parents/guardians
* Provide assist caregiver, who suffers from mental health issues, to keep the home safe for the child(ren).
* Create a safe place for child(ren) during parental conflicts and/or during divorce.

**How does the Family Group Conference Work?**  
The coordinator meets with the primary family member(s) to introduce and explain the process of FGDM. They then work with primary family member(s) to identify natural supports. Through information sharing, interviewing and natural discussion the coordinator will work to widen the family circle and identify natural support persons to be invited to participate in the FGDM Conference. The family will work with the coordinator to identify the purpose and create bottom line concerns. A date, time and location will be determined based of the family’s preferences. A menu will be decided, as a mean will be shared during the FGDM Conference.

Prior to the conference the coordinator then meets with all persons identified by the family and added to invitation list. During these meetings the process of family group is explained and other supports may be identified. The purpose and concerns will be reviewed with the family. The Conference date, time and location are shared.

On the day of the conference the Family Group Coordinator completed introductions and reviews the purpose of the FGDM Conference. The Coordinator reviews the agenda and ground rule for the day of the conference then invites the participants to discuss the strengths of the family. Participants share things that are going well within the family, and identify positive supports for the children/family. The discussing of any other factors that positively reveal the family’s ability to provide safety, care, and protection for the children are discussed. Next, the facilitator invites a discussion about the needs and concerns of the children/family (e.g., What concerns does the group have for the child(ren)?). A speaker/presenter may be asked to attend as a resource related to the family group purpose/concern (i.e. Nurse discuss care for child with recently diagnosed illness, councilor share information regarding additions, etc.) Following the speaker, the family is given “Private Family Time”. This time is used to create their family plan. The plan is to address identified needs and concerns, focusing on “Who will do what and by when”. The facilitator and speaker/presenters do not participate in this portion of the conference. Once the family plan has been developed, the facilitator is invited to re-join the family as they review and finalize the plan details. After the meeting, the facilitator documents the family plan and mails it to each meeting participant.

Referred Family’s Name: Date of Referral: \_\_\_\_\_\_\_\_\_\_\_

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Family Self-Referral Form

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|  | | |
| **Referral Source Name:** | **Referrer’s Phone Number:** | **Referrer’s Relation to Family:** |
| **Referred Family’s Preferred Name & Method of Contact:** | **Contact’s Information:** | **Preferred Contact’s Relationship with Identified Child:** |
|  | | |
| **Identified Child’s Name:**  *Male or Female* | **Child’s Date of Birth:** | **Child’s address:** |
| **Child Resides with:** | **Child’s School District:** | **Grade Level of Child:** |
|  | | |
| **Mother’s Name** | **Mother’s Date of Birth:** | **Last 4 digits of social: (optional)** |
| **Mother’s Address:** | | |
| **Mother’s Phone (all #’s):** | | |
| **Mother’s Email:** | | |
|  | | |
| **Father’s Name:** | **Father’s Date of Birth:** | **Last 4 digits of social: (optional)** |
| **Father’s Address:** | | |
| **Father’s Phone (all #’s):** | | |
| **Father’s Email:** | | |
|  | | |
| **Siblings Name:**  *Male or Female* | **Date of Birth:** | **Residing with:** |
| **Siblings Name:**  *Male or Female* | **Date of Birth:** | **Residing with:** |
| **Siblings Name:**  *Male or Female* | **Date of Birth:** | **Residing with:** |
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| **Siblings Name:**  *Male or Female* | **Date of Birth:** | **Residing with:** |

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**What Purpose would best meet the needs of this family?**

Purpose for this family Group:

* Reunification of child with Family
* Recognizing the need for the child’s safely when in their home, with their family
* Create support to ensure the child will graduate from school
* Create supports to ensure youths successful transition into adulthood
* Provide support for entire family member while dealing with Mental Health and/or Drug/Alcohol Treatments
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly explain concerns for family or needs of individual:

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**Is the family aware a referral has been made? Yes or No**

If yes, please explain to the what extent the family has committed themselves to the Family Group Process: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is English the family’s primary language? Yes or No (Circle one)**

If no, indicate primary language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List:** Family Strengths/Protective Capacities:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Families Concerns:

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**If there are any cultural customs or norms that the family has that the coordinator should be aware of list them below:**

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**Are there any additional dynamics the coordinator should be aware of (i.e. substance abuse, mental health or intellectual disabilities): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If known, please indicate the history of any domestic violence within the immediate and/or extended family. Explain how they may effect conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is there an active PFA? Yes or No**

If yes, please list the parties involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any safety concerns that must be considered on holding a family meeting? (This is not regarding the safety a professional safety plan, rather this related to the safety of the individual in the family meeting.) \_\_\_\_\_\_\_\_\_\_\_**

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**If know, please indicated any accommodations that need to be made for any participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Provide a List of People you feel would be instrumental to the success of the Family Plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Phone Number:** | **Address:** | **Relation to Child/Family:** |
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| **N**  **Name:** | **Phone Number:** | **Address:** | **Relation to Child/Family:** |
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**INFORMATION RELEASE FORM**

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*LAST                                                                         FIRST                                                     MI*

I hereby authorize the Family Group Decision Making Program to obtain and release information in order to coordinate services. A photocopy of this authorization will be considered valid. All information will be held in strict confidence as protected by law. This release will be considered valid for not more than 365 days beyond the date signed. I understand that it is policy of Family Group Decision Making Program to release only that information about a client or former client which, in the judgement of the staff, is considered essential to the purpose of which the authorization is requested. Third-party information will not be released. This release is requested for the purpose of intake, assessment, and coordination of Family Group Decision Making Conference & Plan. I understand my family and supports will have the opportunity to develop a plan that will assure the safety and care of the child(ren)/youth/and family’s needs. I understand this is program is completely voluntary and I am willing to participate.

The responsibilities of Family Group Coordinating Specialist have been reviewed:

* The process of the Family Group Decision Making Conference was thoroughly explained.
* Agreement has been made to allow the Coordinator to contacted all developed family member and supports, and to extend an invitation to the family group Conference on Family’s behalf.
* Acknowledgment that the scheduled date, time and location for the meeting is conductive to the family and all parties participating.
* Acknowledgment that the family will be offered family private time during their conference to discuss safety concerns and create a family plan.
* Agreement that a family follow-up will occur 30 & 60 day following the initial conference. The follow up is to address any needed changes for the family’s plan.

This signature acknowledges the understanding of process for Family Group Decision Making Conference.

Parent/Primary Caretaker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature

Family Group Decision Making Coordinating Specialist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name Signature

*~ Families Have Strengths & Can Change ~ Family Members Know Their Families*

*Best ~ Empowering a Families is Better Than Controlling Them ~ Children Are Best Left with Families ~ Mistakes are Opportunities for Growth & Development ~*