



Family Group Decision Making Referral

210 Central Ave N, Suite 5, Milaca, MN 56353
208 2nd St NE, Suite B, Little Falls, MN 56345
320-983-2001 Main Office
320-983-2007 Fax
<https://arrowsfamilyservices.org>

DATE:
REFERRING PARTY:
COUNTY:
REFERRING PARTY ADDRESS:
REFERRING PARTY PHONE NUMBER:
REFERRING PARTY EMAIL:

IS THIS AN ICWA REFERRAL?	YES	NO	PENDING	UNKNOWN	
CHILD(REN) AT RISK	DOB	GENDER	CURRENT LOCATION / PLACEMENT	RACE	HISPANIC (Y/N)

PLEASE INCLUDE INFORMATION ABOUT **ALL** FATHERS, MOTHERS, AND PEOPLE WITH WHOM THE CHILDREN RESIDE FOR THE CHILDREN LISTED ABOVE.

NAME: RELATIONSHIP:
ADDRESS: PHONE:

NAME: RELATIONSHIP:
ADDRESS: PHONE:

NAME: RELATIONSHIP:
ADDRESS: PHONE:

NAME: RELATIONSHIP:
ADDRESS: PHONE:

NAME: RELATIONSHIP:
ADDRESS: PHONE:

Is an Interpreter Needed? YES NO

Preferred Time of Meeting: MORNING AFTERNOON EVENING

Requested Time Frame: 1-4 Days (CRISIS) 7-10 DAYS 2-4 WEEKS 4-6 WEEKS +

Preferred Location of Meeting: Arrows Family Services Government Center Other (specify)

Is there now or has there ever been an Order for Protection (OPF) or Harassment Restraining Order (HRO) involving any parties to this matter or any proposed meeting invitees? YES NO
If so, who was involved:

Is this meeting needed before the next court hearing? YES NO **Court Date:**

Is the meeting being conducted early in the life of the case to develop a safety plan and supports to safely avoid out of home placement (child in shelter, child at risk of placement and FGDM would allow child to remain in the home, to reduce the risk of re-entry for children returning home) YES NO

Current SDM Risk Assessment (CP Cases Only) HIGH MODERATE LOW

Describe Reason for Meeting/ Family Goals/ Agency Goals: (ex: immediate next steps/case planning; family preservation; relative search; permanency; support plan; transition/independent living; other):

Rapid Response (*used when children are at immediate risk of out of home placement due to parental use of alcohol, other drugs, prenatal drug exposure determined at birth, or immediate risk of unsafe environment for a child. Used to determine if a safety plan can be developed that will ensure safe and immediate reunification or identify possible relative placement options, plan for visitation, and smooth transitions for child.*)

Relapse Prevention and Response Safety Planning Conference (*To create a Triggers, Warning Signs, Prevention, Response, Support and Safety Plan.*)

Placement Prevention Conference (*To develop a placement prevention, support, and family preservation plan, so that a child at risk may remain at home with proper support.*)

YTC- Youth in Transition Conference (*To develop a youth-driven independent living plan: To assist the youth in writing their own goals and tasks using the life domains of education/training, employment, finances, housing, health, permanency etc.)*)

CPC- Case Planning Conference (*To develop a case plan specific to the on-going coordination, assessment decision making and dissemination of information needs of the family and the agency.*)

Reunification Conference (*To develop a reunification plan to return a child who is in an out-of-home placement to their parent(s) / caregiver.*)

Permanency Planning Conference (*To develop a permanency plan for a child who is in an out-of-home placement. Permanency options include adoptions or transfer permanent legal and physical custody or return home with supports.*)

Placement Transition Conference (*To develop a transition plan to move a child from one placement setting to another: foster care, group home, residential treatment or corrections. This plan would address the child's needs, strengths, concerns and needed services.*)

Additional Information (*Specify*)

For CP / CW Units, please add Harm and Danger Statements.

Please attach copy of Pre-Placement form or Concurrent Planning form if FGDM has been recommended.

Harm: *(Past worries/harm: What happened to the child (or allegedly happen?) Based upon facts of what happened in the past-severity, incident, impact.)*

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Danger: *(Future worries/danger: Who is worried, possible behavior of offender, possible impact on child, worst fears based on a pattern of past harm for the future of the child's safety, includes compassion statements.)*

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Bottom Line: *(non-negotiable, simple, short actions relating to safety. Ex: No parenting while under the influence, all visits are supervised, a words and pictures explanation will be created, you will develop a safety network who is fully aware of concerns, etc.)*

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Safety Goal: *(What needs to happen differently in the care of the children related to the danger statement, what is the anticipated positive impact onto the child, vision for future safety that adequately addresses the danger. Reminder: safety goals are not services.)*

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Family Group Decision Making Meeting Consent to Release Information

I hereby authorize Arrows Family Services Family Group Decision Making (FGDM) staff and/or contracted FGDM agency staff to exchange, release, disclose or obtain information and/or copies of all reports and documents about myself and my family to or from the following people for the purpose of planning, coordinating, and facilitating my FGDM meeting and for the purpose of creating a plan for my child(ren) and our family. (Some people you may want to include are: extended family, close friends, neighbors, social service case workers, mental health therapists, school counselors and/or special education staff, mentors, probation or parole officers, Guardians ad Litem, foster care providers, tribal representatives, etc.) I understand that some of the information discussed could be considered private and/or protected and I knowingly waive any rights to keep that information confidential in the course of this program.

INVITEE NAME	RELATIONSHIP	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

I understand that a copy of the family plan that we create during the FGDM meeting will be distributed to all participants. I have a right to refuse to sign this consent but if I refuse, my child(ren) and our family will not be eligible to participate in the FGDM program. This consent to release information will expire one year from the signature date unless I revoke this consent at any time by written notice sent to Arrows Family Services – 210 Central Ave N, Suite 5, Milaca, MN 56353. Upon receipt of my written revocation of consent, the agency will cease sharing data about my family situation. The agency, its employees, or officers providing information are released from legal responsibility or liability for the release of information to the extent indicated and authorized herein.

_____	_____	_____
Name (Printed)	Signature	Date

_____	_____	_____
Name (Printed)	Signature	Date

_____	_____	_____
Witness Name (Printed)	Signature	Date