Family Group Decision Making Conference

Referral Form

Date of Referral ____/_____/_____

Return form to:

Family Group Coordinators

Denise Rude 507-613-8025 drude@greaterminnesota.org

Type of Case (CP, MH, Probation, etc.) _____

Referring worker: _____ Contact Information: _____

Childs Name	Age	M/F	In Placement?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name	Contact Information
_____	_____
_____	_____

Primary Language: _____ Interpreter needed? Yes ☐ No ☐

Foster Placement	Contact Information
_____	_____
_____	_____

Time In placement: _____ Court date for concurrent plans: _____

Describe briefly how Social Services became involved?

Brief description of the reason for the Family Group Conference:

What are your bottom lines for this meeting?

Are there other service providers or community people who have provided services to the family who would possibly like to be invited to the meeting?

Are there any chemical/alcohol concerns? **Yes ___ No ___** For Whom? _____

Are there any No Contact Orders? **Yes** ___ **No** Who is protected?_____ from Whom? _____

Are there any other special considerations or issues the facilitator needs to be aware of?

Please list dates and times that you are available to have this meeting. The coordinator will arrange all the specifics with the family.

Estimated time of day for FGDM (Depending on family's availability):
_ _ **Regular business hours** or _ _ **Late afternoon/evening** (check one)

Greater Minnesota FAMILY SERVICES
Serving the Counties & Families of Minnesota

Greater Minnesota Family Services will get back to you within 1-3 days to discuss this referral and start coordinating your Family Group Conference. If you have any questions or immediate concerns, please feel free to contact Denise Rude at 507-613-8025. We look forward to working with you.