FAMILY GROUP DECISION MAKING (FGDM)

COMMUNITY AND FAMILY SERVICES (CFS)

REFERRAL FORM

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| --- | --- |
| Referring Worker’s Name:  Referring Worker’s Phone Number:  Referring Worker’s Email:  Meeting Platform Preference: Virtual or In-Person | Date:  Primary spoken language:  Are interpreter services needed?  *County will be responsible for arranging interpreter services.*  ICWA case? |

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| --- | --- | --- |
| **Clients**  **Parent(s)/Child(ren)** | **Age of Child(ren) and**  **Location** (home, relative, foster care, etc.) | **Phone Number** |
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**Describe the reason for referring the family to the FGDM process and the mail goals of the meeting:**

**What is the current situation, are the child(ren) in the home, and if not are the parent(s) visits unsupervised or supervised?**

**What needs to be included in the FGDM plan from the county’s perspective?**

**What special considerations or family dynamics might the facilitator need to be aware of?** (Cultural needs, legal concerns, treatment history, domestic violence, mental health, physical health needs)

**Does the family agree about the issues/reasons?**

**What are family strengths you have observed and things that are going well?**

**Signed Releases for service providers and family members/friends.**

CFS must have signed releases prior to coordinating and will obtain these from the custodial parent. However, if you would like to expedite coordination time, please have client’s sign our release forms and attach with this referral.

**Encryption**

CFS uses Microsoft encryption when emailing any sensitive information.

CFS will contact you for a consultation within 1-3 business days prior to beginning coordination.

**Thank you for completing the referral form. We look forward to working with you!**

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Community and Family Services, LLC

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