

Form 7-3104: Proposed Family Resolution Plan by Family Member

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

IN THE MATTER OF _____ Name _____ Date of Birth	Children's Court Case No. _____ <p style="text-align: center;">PROPOSED FAMILY RESOLUTION PLAN -BY FAMILY TEAM MEMBER</p>
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The following Proposed Family Resolution Plan is submitted to the Court:

COMES NOW, _____, as _____
Name of Family Team Member Relationship to Child(ren)
of _____ in the above case(s), and presents a
Name of Child(ren)
Proposed Family Resolution Plan as of _____ as follows:
Date

Child A:			
Child's Name:		Meskwaki Name:	
Regular Residence (Mailing and Street, if different):		Present Residence (After Removal):	
Tribal Affiliation(s):	Child's Clan(s):	Tokan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Kisko? <input type="checkbox"/> YES <input type="checkbox"/> NO
Medical Needs/Conditions:			
Name of Child's School:		Grade Level:	
Educational Needs of Child:			

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Child B:			
Child's Name:		Meskwaki Name:	
Regular Residence (Mailing and Street, if different):		Present Residence (After Removal):	
Tribal Affiliation(s):	Child's Clan(s):	Tokan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Kisko? <input type="checkbox"/> YES <input type="checkbox"/> NO
Medical Needs/Conditions:			
Name of Child's School:		Grade Level:	
Educational Needs of Child:			

Child's Network of Care and Support	
Primary Caregiver(s):	Relationship to Child(ren):
Secondary Caregiver(s):	Relationship to Child(ren):
Occasional Caregiver(s):	Relationship to Child(ren):
Meskwaki Family Services- Social Worker and Others:	

Factors Surrounding Removal	
Name(s) of person(s) from whom child was removed:	
Child A Present Address:	Child B Present Address:
Briefly describe events surrounding the removal:	

List each individual issue which led to removal, and the proposed solution:
A.)
B.)
C.)
D.)

Topics for all Family Team members to consider and <u>openly discuss</u>:
<u>Transportation</u> will be provided for the child(ren), in what way and by whom?
<u>Child-care</u> will be provided for the child(ren), while caregivers are at work or school, in what way and by whom?

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Safe and stable housing will be provided for the child(ren), in what way and by whom?

Financial Needs of the child(ren) will be met, in what way and by whom?

Supervision will be provided for the child(ren), in what way and by whom?

Health of the child(ren) will be monitored, in what way and by whom?

The Family's Policy of substance abuse/use around the child(ren) will be?

Give a description of the **CONDITIONS OF CONTACT**, if any, with **the person from whom the child was removed:**

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Give a description of the **CONDITIONS OF CONTACT**, if any, with **any person who has harmed the child**:

Please **share any other suggestions, information, or potential barriers** you believe are important for everyone to consider while developing a Family Resolution Plan:

Signature of Family Team Member

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

I have provided a copy of this document to the following persons and/or agencies:

Name	Date Given/Mailed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXTRA PAGE for Item #16

List each individual issue which led to removal, and the proposed solution:

A.)

B.)

C.)

D.)