

**Youth and Family Intersystem Process  
FY17 Team Meeting Form  
Individualized Family Service Coordination Plan**

**Team Meeting Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Recorder:** \_\_\_\_\_

**Agreed Upon Team Leader:** \_\_\_\_\_

**Strengths of Youth & Family:**

---

---

---

---

---

---

---

**Needs of Youth & Family:**

---

---

---

---

---

---

---

**Family Identified Support Person (friend, family member, neighbor, etc.):** \_\_\_\_\_

---

---

---

**Invited but not attending:** \_\_\_\_\_

---

---

**Individualized Family Service Coordination Plan:**

Person(s) Responsible	Action	Date to Be Completed By	Date Completed

**Individualized Crisis Plan and Safety Plan:**


Team Member (Print Name)	Relationship	Signature	Date	
				Agree With Plan: Y__ N__
				Agree With Plan: Y__ N__
				Agree With Plan: Y__ N__
				Agree With Plan: Y__ N__
				Agree With Plan: Y__ N__
				Agree With Plan: Y__ N__
	<b>Team Leader</b>			Agree With Plan: Y__ N__

Parent Advocate Form Completed: Y\_\_ N\_\_

**Does Child have a Primary Care Provider? Y\_\_ N\_\_ Name Primary Care Physician: \_\_\_\_\_**

Release Form Completed: Y\_\_ N\_\_

Next Team Meeting: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_