Attachment G

Fax completed packet to ATTN: Teresa Alt - 419-522-4375
Or scan and email to: boyer.deb01@gmail.com or Teresa.alt@jfs.ohio.gov

Date of Presentation: _______________
Childs Name: ____________________________**D.O.B.** __________**Age:** _____

Lead Service Coordinator: ______________________**Agency:** _______________
Facilitator: __Teresa Alt______, RCY&FC

Voting Members Present:

Sherry Branham RCMHRSB
Designee: Joe Trolian
Lisa Benson, RCJC
Designee:
Michelle Giess Newhope
Designee:
Amy Bings, MOESC
Designee____________

Marsha Coleman, RCCS
Designee:___________
MCS
Designee: , MCS
Jone Watson, RCJFS
Designee____________
Mary Kay Pierce, NAMI
Designee: Darlene Reed

Please answer the following questions:

Is the child 0 to 21 years of age and a resident of Richland County with multi-system needs? (*needs* involvement with more than one system)	**Yes**	**No**	
Is there a family team (including family participation)?	**Yes**	**No**	
Has there been an Individualized Family Service Coordination Plan meeting?	**Yes**	**No**	**Date**__________
Is there an Individualized Family Service Coordination Plan that was developed with the family?	**Yes**	**No**	**Date**__________
Is the release signed and current?	**Yes**	**No**	**Exp Date**__________
Is this meeting occurring prior to non-emergency out-of-home placement and within 10 days of emergency placement?	**Yes**	**No**	
Was the family offered a family advocate?	**Yes**	**No**	

**** If all of the above questions are yes then proceed with meeting. If these prerequisites are not met then reschedule the meeting.**

Did the family Accept or Decline the Family Advocate? **Accepted** **Declined**

Does child have Primary Care Provider? Yes No Name of Primary Care Physician:______________________________

Was this child/young adult, who had no primary care physician at intake, CONNECTED to a Primary Care Physician? Yes No

Comments:

Request Approved	**Amount of Request**	**Amount Approved**
Yes No	$	$

Needs at Intake:
Developmental Disabilities Child Abuse Child Neglect Mental Health Alcohol/Drug Unruly Delinquent Physical Health Special Education/IEP Poverty HMG Primary Care Physician **Autism Spectrum Disorder**

Age Category:
0 - 3 4 - 9 10 - 13 14 – 18 19 - 21

Services and Supports:
Non-clinical in-home Parent/Child Coaching Non-clinical parent support groups Parent education Mentoring Transportation Respite care (includes summer camp) Social/recreational supports Safety and adaptive equipment Structured activities to improve family functioning Parent advocacy Service Coordination **Youth/Young Adult Peer Support** Other

Accessed Family Advocate: Yes No