**Crisis/Rapid Response Family Meeting Report**

[ ]  **Crisis Response Family Meeting (24 hours from emergency concern)**

[ ]  **Rapid Response Family Meeting (72 hours from emergency concern)**

[ ]  **CRRFM Follow-Up Meeting**

**Child(ren)’s Name(s):**

**Case Number: (CWIS/CPCMS)**

**Names of Coordinator & Facilitator:**

**Caseworker’s Name:**

**FAMILY PLAN INFORMATION**

**Crisis/Rapid Response Family Meeting Date:**

|  |  |  |
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| **Meeting Participants** | **Relationship to the Child(ren)** | **Contact Information (Phone Number/Email)** |
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**Please indicate the emergency concern(s) and actions decided at the family meeting:**

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| **1. Concern:**       |
| **Person Responsible/Initials** | **Action** | **Date to be completed** |
|       |       |       |

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| **2. Concern:**       |
| **Person Responsible/Initials** | **Action** | **Date to be completed** |
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| **3. Concern:**       |
| **Person Responsible/Initials** | **Action** | **Date to be completed** |
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[ ]  Private Family Time Offered