

# CRISIS/RAPID RESPONSE FAMILY MEETING REPORT

Date Referral Received: \_\_\_\_\_ Date of Family Meeting: \_\_\_\_\_

## TYPE OF FAMILY MEETING

- Crisis Response** (immediate to within 24 hours of the emergent event)
- Rapid Response** (within 72 hours of the emergent event)  **Follow-Up**

## CHILD(RENS) INFORMATION

Child's Name	Child's Case Number (CWIS)	Child's Docket Number (if applicable)

**Prior to the family meeting, the child(ren) was/were residing at (select below):**

- In Home    With Family/Kin (Informal)    With Family/Kin (Formal)    In Foster Care
- In Congregate Care    Secure Setting    Hospital Setting    Homeless

**At the family meeting, the family/kin decided that the child(ren) would reside at (select below):**

- In Home    With Family/Kin (Informal)    With Family/Kin (Formal)    In Foster Care
- In Congregate Care    Secure Setting    Hospital Setting    Homeless

## ELEMENTS OF CRISIS/RAPID RESPONSE FAMILY MEETING

**The following occurred at the family meeting (select below):**

- More Family/Kin Attended than Professionals
- Private Family Time was Offered
- Crisis/Rapid Response Family Plan was Approved by the Child Welfare Agency

**Crisis/Rapid Response Family Plan is Attached**