

YOUTH SERVICE BUREAU'S FAMILY GROUP DECISION MAKING REFERRAL FORM

FAMILY GROUP DECISION MAKING STAFF:

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Fax: (814) 237-2228

Referred By:	Job Title:	Phone Number & Email:
Referral Date:	Referral Agency:	Unit, if applicable:

Mother's Name:	Age:	Race:	Phone #:	
			Home:	
			Cell:	
			Other:	
Address:				

Father's Name:	Age:	Race:	Phone #:	
			Home:	
			Cell:	
			Other:	
Address:				

Child(ren)/Youth Name(s):	Date of Birth:	Age:	Race:	Current Placement: Home/Placement/Kinship, etc.

Brief Summary: *Provide a summary of your involvement with the family and/or attach a case profile*

Purpose: *What do you and the family hope can be accomplished by having a Family Group Conference?*

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List Family Strengths:

Strengths- *Qualities, natural resources or supports, that may help the family address threats to the child's safety or well-being.*

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List Family Concerns:

Concerns- *Threats to the safety and well-being of the child. What could or has already caught the attention of an agency?*

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Bottom-Line Concerns:

What are the three largest concerns, changes or decisions that you feel must be addressed by the family group?

A.
B.
C.

KEY PEOPLE TO INVITE (Family, Extended Family, Friends, Supporters, etc.)

NAME:	ADDRESS & ZIP:	PHONE:	RELATIONSHIP TO CHILD:

Your supervisor's name (If applicable)				
Dates you can meet with the coordinator for a pre-conference meeting.				
Have you discussed this referral w/ your supervisor?	YES	NO	(circle one)	
Will your supervisor be attending the conference?	YES	NO	(circle one)	

FAMILY GROUP DECISION MAKING PROGRAM

YOUTH SERVICE BUREAU

116 South Allegheny Street, Suite 201

Bellefonte, PA 16823

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CONSENT FORM

Family Name:	
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The Family Group Decision Making coordinator (FGDM) is responsible for organizing a family conference through the cooperative efforts of family members and service providers. In order for the family conference to be coordinated effectively and efficiently, the Family Group Decision Making coordinator must be permitted to communicate with other service providers, family members, family friends, or any other individuals that the family chooses to invite to the conference. By signing this release you are agreeing to participate in a Family Group Conference and give the coordinator your permission to proceed. The Family Group Decision Making Program is one of many programs provided by the Centre County Youth Service Bureau. The FGDM Coordinator may need to exchange information or collaborate with the following agencies/individuals.

Children & Youth Services (CYS)	
Youth & Family Services (YFS)	
Juvenile Probation (JPO)	
Family Intervention Crisis Services (FICS)	
School District:	
Family Attorney/Guardian ad litem:	
Other:	

I hereby authorize the Centre County Family Group Decision Making Program to exchange verbal and written information with service providers or family members that is essential to planning a Family Group Conference. I understand that all information shared is confidential and will only be shared with people or agencies invited to take part in the Family Group Conference. Any other extended family members, community members or family friends I choose to invite to the conference will also be informed as to the purpose and circumstances concerning the conference.

I further understand my consent shall be in effect for the period of time my family voluntarily agrees to participate with the Family Group Decision Making Program.

Parent /Guardian	Date	Parent /Guardian	Date

Youth (14 & older)	Date	Witness	Date