**DEMONSTRATION PROJECT**

**Baseline Family Engagement Conference Form**

This is to be completed at or immediately after the FIRST conference.

<table>
<thead>
<tr>
<th>Family Conference Date</th>
<th>County Code</th>
<th>Year</th>
<th>Conference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/20</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Date</th>
<th>Child's MCI#</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/20</td>
<td></td>
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<table>
<thead>
<tr>
<th>Length of Conference</th>
<th>Is there shared case responsibility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of people invited</th>
<th>Number of people attended</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

**PRIMARY referring agency: Select only ONE**

- [ ] CYS
- [ ] JPO
- [ ] Private Provider
- [ ] Self Referral
- [ ] Family Center
- [ ] MH/MI/EI
- [ ] School Professional (teacher, counselor, etc...)
- [ ] Court
- [ ] Community Partner

At the time of the conference, the case was open with which agencies?

- [ ] CYS
- [ ] JPO
- [ ] Both CYS & JPO
- [ ] No open case with CYS or JPO

**1. Participants in Conference - check all that apply**

- [ ] Child/Youth/Individual & focus of meeting
- [ ] Mother of the family
- [ ] Father of the family
- [ ] Stepfather of the family
- [ ] Stepmother of the family
- [ ] Siblings
- [ ] Mother's family: aunt/uncle or cousins
- [ ] Mother's family: grandparent
- [ ] Mother's significant other
- [ ] Father's family: aunt/uncle or cousins
- [ ] Father's family: grandparents
- [ ] Father's significant other
- [ ] Family friends, neighbors
- [ ] Godmother/Godfather
- [ ] CYS Supervisor
- [ ] Foster family of child(ren)/youth(s)
- [ ] Clergy
- [ ] CYS Caseworker
- [ ] Provider of therapeutic services (residential, foster care, wraparound)
- [ ] Early intervention/Early Head Start/Head Start professional
- [ ] School professional (teacher, guidance counselor, etc)
- [ ] Legal (GAL, judge, advocate, lawyer)
- [ ] Legal guardian
- [ ] Other: Please specify

**2. Primary purpose why family was referred for a Family conference at this time (please check only ONE)**

- [ ] Develop/Revise FSP/Family conference plan
- [ ] Develop/Revise treatment plan
- [ ] Change in placement setting
- [ ] Placement prevention
- [ ] Tranquility
- [ ] Lack of supervision
- [ ] Transportation issues
- [ ] Prevent further delinquent behavior
- [ ] Address child/family parent conflict
- [ ] Identify supports for caregivers
- [ ] Develop/revise Child Permanency plan
- [ ] Transitional conference (aging out/IL)
- [ ] Housing & environmental issues
- [ ] Address concerns regarding child’s medical/mental health/drug & alcohol issues
- [ ] Juvenile probation or adult probation
- [ ] Mental health or drug & alcohol professional
- [ ] Community support resource
- [ ] Domestic violence professional/specialist
- [ ] Housing shelter professional
- [ ] Mental health or drug & alcohol professional
- [ ] Community support resource
- [ ] Domestic violence professional/specialist
- [ ] Housing shelter professional

**3. What Services & Supports were included in the Family Plan? (check all that apply)**

- [ ] Parent substance abuse services
- [ ] Parent mental health services
- [ ] Child substance abuse services
- [ ] Child mental health services
- [ ] Family support
- [ ] Family housing support
- [ ] Family food support
- [ ] Family energy assistance
- [ ] Family debt assistance
- [ ] Cash assistance
- [ ] Kinship support
- [ ] Child Intellectual Disability services
- [ ] Juvenile Probation
- [ ] Adult Probation
- [ ] Early Intervention
- [ ] Literacy services
- [ ] Family Finding
- [ ] Family therapy
- [ ] Foster Care
- [ ] Kinship Care
- [ ] Respite
- [ ] Parent Intellectual Disability services
- [ ] Residential treatment facility
- [ ] Recreational services
- [ ] After-school services
- [ ] Transportation services
- [ ] Employment/pre-employment
- [ ] Family income support assistance
- [ ] Education assistance (ie GED prep)
- [ ] Therapeutic group home services
- [ ] Independent living services or aftercare
- [ ] Domestic violence treatment/prevention
- [ ] Faith based support

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4. During the period of time while preparing for the conference, the child was living MOST of the time:

- Independently (older youth-16 & older)
- Parent’s home (older youth - 16 & older)
- Parent’s home (youth 15 & younger)
- School dorm
- Supervised independent living setting
- Relative’s home
- Adoptive home
- Job Corp
- Specialized foster care
- Foster care
- Therapeutic foster care

5a. After the conference, select the response that best describes where will the child be living MOST of the time?

- Independently (older youth-16 & older)
- Parent’s home (older youth - 16 & older)
- Parent’s home (youth 15 & younger)
- School dorm
- Supervised independent living setting
- Relative’s home
- Adoptive home
- Job Corp
- Specialized foster care
- Foster care
- Therapeutic foster care

5. Did the family conference prevent moving the child to a formal, non-kin, paid out-of-home placement?  
   - Yes  
   - No  
   - N/A

6. Did the family conference allow the child to RETURN or REMAIN home with their parents or relative?  
   - Yes  
   - No  
   - N/A

7. At what point in the service pathway is the family and/or youth?  Select ONE.  
   - JPO Supervision  
   - Assessment / Investigation / Intake / Aftercare  
   - Family opened for services and child/youth is IN out-of-home placement  
   - Family opened for services and family IS receiving in-home services

8. Child’s Demographic Information

   Race
   - White/Caucasian  
   - Black/African American  
   - Asian/Pacific Islander  
   - Multiracial  
   - Other  
   - Native American/Alaskan/Hawaiian

   Ethnicity
   - Hispanic  
   - Not Hispanic or Latino

   Gender
   - Male  
   - Female  
   - Transgender  
   - Child’s Age (in years)

9. Court / Legal Involvement (for child/youth)
   - Alleged Dependent  
   - Dependent  
   - Delinquent  
   - Alleged Delinquent  
   - None  
   - Both (Dependent & Delinquent)

10. Have there been substantiated/founded/indicated reports of child abuse/neglect for this child/youth?  
    - Yes  
    - No

   If YES, select the most recent abuse type:
   - Physical Abuse  
   - Student Abuse  
   - Mental/Emotional  
   - Imminent Risk: Physical
   - Neglect  
   - Serious Physical Neglect  
   - Sexual Abuse  
   - Imminent Risk: Sexual