DEMONSTRATION PROJECT

Family Engagement Conference Follow-Up Form

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County Year	Conference ID	Child's MCI#	Initial Family Conference Date
Code Follow-Up Date Family Identification Number			
	/ 2 0		
DAUPHIN COUNTY ONLY At the time of the initial conference, the case was open with which agencies? ☐ CYS ☐ JPO ☐ Both CYS & JPO ☐ No open case At the time of the follow-up, the case was open with which agencies? ☐ CYS ☐ JPO ☐ Both CYS & JPO ☐ No open case			
 Is the CYS case closed? (if yes, please choose from the options below) ☐ Yes ☐ No 			
1a. Select PRIMARY reason for case closure (choose only ONE response)			
☐ Family Moved ☐ Aging Out of System ☐ Goal Achievement ☐ Court Closed for Other Reason ☐ Other			
If case is closed==> DO NOT complete the following section.			
2. Since the most recent conference, have there been substantiated/founded or indicated reports of child abuse/neglect for this child/youth?			
2a. If YES, select one:	☐ Physical Abuse	☐ Mental/Emotional ☐ Serio	us Physical Neglect
	☐ Student Abuse	☐ Neglect ☐ Sexua	al Abuse
2b. Have there been adjudicated reports of delinquent offenses for this child/youth? Yes ☐ No ☐ 2c. If YES, crime type: ☐ Misdemeanor ☐ Felony ☐ Other			
3. Of the services identified in Parent substance abuse sen Parent mental health services Child substance abuse service 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 Sender Child Intellectual Disability Sender Child Intellectual Disability	vices	ce, which services were involved w Juvenile Probation Adult Probation Early Intervention Literacy services Family Finding Family therapy Foster Care Kinship Care Respite Faith based support	rith the family? (check ALL that apply) Residential treatment facility Recreational services After-school services Transporation 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 Other
4. If a placement option was identified at the time of the most recent conference, is the child/youth still living in ☐ Yes ☐ No ☐ N/A the planned placement?			
4a. If NO, then check the environment that best describes where the child is now living most of the time.			
☐ Independently (Older Youth 16 & older) ☐ Parent's home (Older Youth 16 & older)		☐ Job Corp☐ Specialized foster care	☐ Residential treatment facility☐ Youth correction facility (YDC)
☐ Parent's home (youth 15 & younger)		☐ Foster care	☐ Juvenile detention facility
☐ School dorm		☐ Therapeutic foster care	☐ Intensive treatment or inpatient psychaitric unit
	ndependent living setting	☐ Group home	□ Homeless
Relative's home		☐ Shelter	☐ Jail
☐ Adoptive home		State psychiatric hospital	☐ Wilderness camp