

Knox County Community Team and Family Team

Philosophy, Process and Procedures For Serving Multi-Need Children and Youth & Families

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November, 2005 – new forms: Financial Help Worksheet

Financial Information Sheet (revised)

Suggested Case Presentation Outline for New Cases and for Quarterly Reviews

Community Team Funding Guidelines

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PHILOSOPHY

Community Team Mission Statement

The Community Team is committed to developing and facilitating comprehensive, coordinated, family centered, and creative solutions to empower Knox County families with children facing multiple life stressors.

This will be accomplished through multi-agency collaboration to ensure the most effective use of existing services to further the development of social resources.

Purpose

Several formal county agencies, as well as informal community and family supports, may be providing services to the same family at the same time without knowledge of each others involvement. When those formal agencies and informal supports can coordinate resources and services with the family, it can provide collaborative and comprehensive services to meet child and family needs, while reducing duplication and conflict of services. The idea behind working in multi-disciplinary teams is that services are not only coordinated (organized) but collaborative (jointly planned) and integrated (overlapping). A multi-disciplinary team can better assure that the correct services for multiple need children and families are provided to the family in a timely manner for the appropriate length of time. Services should be family centered, building on that family's strengths, encompass all members and aspects of family life, and empower the family to be self-sufficient. All assistance and services should be provided in the least restrictive environment possible to help reduce the need for any out of home placements. However, child safety must remain a primary focus.

Family and Children First Council has been charged with coordinating services for multi-need children age 0 through 21 and in turn, has passed along the development of the service coordination mechanism (SCM) to Community Team. This formal system consists of three multi-disciplinary groups: the Family Team of family members and direct service providers; the Community Team of clinical and supervisory staff; and the Family and Children First Council (FCFC). The FCFC is comprised of executive level staff who deal with more global issues, county social service structure and governance, and more in-depth financial issues. The Community Team consists of middle management and/or supervisory staff who hear case specific needs and provide clinical and financial guidance and assistance. Community Team members are involved in the development of the county service coordination mechanism, which is more formally called Family and Community Team. Community Team members who participate in the development of the county SCM and its monitoring are FCFC designated members and includes, but is not limited to: Behavioral Healthcare Partners of Central Ohio, Inc., (MGC), Community Mental Health & Recovery Board (ADAMH), Knox County Health Department / Help Me Grow, Knox County Head Start, Inc., Knox County Board of Developmental Disabilities (which also includes Early Intervention), Ohio Department of Youth Services, Knox County Children Services, Alcohol and Drug FREEDOM Center, Mount Vernon City Schools, Knox

County Educational Service Center (County schools), Knox County Juvenile Court, Knox County FCFC coordinator and The Village Network. Working through these multi-disciplinary groups, the formal system understands the importance of the informal family, neighborhood, and community supports and organizations. All of these groups are interested in the health and well-being of children and families in Knox County and are encouraged to be part of this process.

Accountability

Community Team meets a minimum of 3 times a month. During these reviews, Community Team members hear input from family team service coordinators regarding the multi-needs of each case and direct services to specific children and families. As the process is fluid, the Community Team is always assessing its ability to provide quality assistance and services to families while ensuring that children remain with their families or in the least restrictive environment. This constant review and any required revision of Community Team policies and procedures are discussed at regular Administrative Community Team meetings which occur every other month. Upon request, service coordination data will be submitted to the State for purposes of evaluation.

Community/Family Team Outcomes

It is our hope that:

1. Families will receive more comprehensive services
2. Families and workers will be more supported
3. Family members and all formal and informal providers will be involved in developing the family service plan
4. There will be more clear and direct communication between agencies, and between agencies and families
5. Time, resources and money will be better managed
6. Systems will have a better understanding of what each can provide
7. There will be a way differences can be resolved (dispute resolution)
8. Service gaps and county trends will be identified
9. Assistance and services to children and families will be provided in the least restrictive environment possible which will reduce the need for children to be placed out of home

Benefits to families:

- Family involvement with all current service providers
- Consistent care over time, ends agency “hopping”
- Creates highly individualized and creative services that “come to” the family as much as possible
- Unified treatment approach from multiple care givers
- Assures strong family advocacy roles as a part of the inter-disciplinary team
- Encourages the use of both formal and informal supports and services
- Provides a dispute resolution process

Benefits to agencies:

- Promotes close and dynamic inter-agency collaboration
- All direct service providers participate in service development and delivery
- Increases the capacity of local systems to care for families
- Ensures more efficient and accurate monitoring of comprehensive services
- Provides a dispute resolution process

PROCESS AND RATIONALE

Multi-Disciplinary Team Concept

A multi-disciplinary team's intent is to bring all of the current service providers, both paid and unpaid, together with the family to discuss, plan, develop and coordinate services that meet the needs of the family and the requirements of the various agencies involved and to develop and implement comprehensive and coordinated services with multi-need families. Along with the family members, each discipline or area where needs have been identified will be represented on the team by both formal and informal providers who are working with the family: mental health, legal, physical health, education/employment and so on. Whenever possible, family members will be a part of the team, as well as, people providing unpaid and natural supports and services for the family. The family plus everyone helping the family should be a part of the team.

One member of the team serves as the service coordinator, which the family should designate and approve of, with all team members responsible for their specific area of expertise. Teams meet on a regular basis (once or twice per month) to discuss service delivery, progress, adjustments to the plan, and to deal with new needs. Teams should regularly consider possible crises/safety issues and develop secondary plans as needed.

Families may choose not to be a part of a team. Multi-disciplinary teams may need to proceed with only the professionals or service providers, especially if there are safety issues. Services developed with the family are usually more accepted and more effective.

Multi-disciplinary teams are used at many levels throughout many disciplines. Workers in Knox County have been using, and will continue to use, the comprehensive, collaborative team approach in many cases, and may choose not to be involved with the Community Team process. Workers may use parts of the Community Team process or forms without becoming involved with Community Team. The decision to move to the Community Team process may be based on the complexity of the family's needs and may be initiated by a worker, an existing team, an agency, or the family.

A formal referral and connection to Community Team should be considered when:

- Communication among the family and multiple providers becomes confusing;
- There are multiple goals that become overwhelming;
- Local resources are not meeting the family's needs;
- There is a need for clinical direction;
- The informal team is not moving forward with the service plan goals; and / or
- Non-traditional in-home services are needed.

In the Knox County Community Team process the direct service multi-disciplinary team is known as the Family Team, even though it is understood that families may not always participate. There must be a Family Team started when there is imminent risk of a multi-need child being placed or a multi-need child is currently in placement to ensure that all assistance and services are provided in the least restrictive environment.

Access/Awareness

All families in Knox County with multi-need children aged 0 through 21 may use the multi-disciplinary team approach to service coordination. Families may self – refer by calling the Community Team Coordinator, a Community Team representative or a FCFC representative directly or a family member can request that one of their current service providers begin the Family Team process. Service providers themselves may also refer a family to Family Team / Community Team. If a referral packet is needed, please contact the Community Team Coordinator and it will be sent within five (5) days of the request. If a family requests the formation of a Family Team and they do not have a service provider working with them that knows the Family Team / Community Team protocol, they can contact the Community Team Administrative Coordinator who will contact them within five (5) days of their call to arrange a meeting to start the referral process.

Juvenile Court can also refer any child age 0 through 21 with multiple needs to Community for Family Team formation. Any representative from Juvenile Court can begin the referral process on their own or they can contact their Community Team representative or the Administrative Coordinator to begin the referral process. Referrals from Juvenile Court or family members can benefit those families with children who are alleged to be unruly and should also be considered to help divert children from entering into the Juvenile Court system. The purpose of assistance and services to children and families is meant to help children remain in their homes or in the least restrictive environment.

All family and child service providers will be made aware of the Community Team process. Information about Family and Children First Council and multi-disciplinary service coordination will be distributed county-wide to all residents through various sources.

Referral Criteria

A Family Team should be considered when:

- 1) There are several problem areas for the family and it is difficult to coordinate comprehensive services among all the necessary agencies;
- 2) It is difficult to have timely and clear communication among the involved agencies or family members
- 3) The family self-refers and/or requests that all providers meet together
- 4) A child is at risk of placement or has been placed in an out of home care setting. This includes hospitalization, detention, foster care, & residential treatment

Early identification of multi-needs in children age 0 through 21 and referral to the Family Team process can be very helpful to children and families to: 1) divert the child from Juvenile Court; 2) reduce the risk of placement for the child; and 3) comprehensively coordinate effective and unique services to the family. When a multi-need child is at risk of being removed from his home, or has been placed in an out of home care setting, then screening of all life domains and a Family Team should be initiated within ten (10) days of this identification.

Screening & Referral

For early identification of families with multiple problems, Knox County FCFC suggests that a common intake screening form be completed with all families who appear to have children age 0 through 21 with multiple needs. (All forms and related directions follow.) The Common Intake Screening Form & Domains was developed and approved by members of the Community Team and the Knox County Family and Children First Council with the idea that it could be used across many social service agencies.

The screening tool is a broad, initial assessment to help all systems identify family needs that may be beyond their scope of expertise. This broad information will help determine if the family : 1) needs to be referred to other agencies; 2) is already using services from multiple agencies in the community; or 3) if a multi-disciplinary service coordination team might be helpful.

The screening form is brief and should be completed with the family by a professional. The screening form is intended to determine what the family sees as their strengths, what they would like help with and which agencies they are working with as well as to review eight life domain areas in an attempt to gain a comprehensive understanding of the family's situation. If it is felt that no Family Team is needed, then the agencies will continue coordinating comprehensive services on an informal basis.

Common Life Domains

The Common Life Domain areas are meant to cover the broader, general areas of a family's life experiences: living situation of home, family structure and support, psychological and emotional well-being, including family violence, education and employment issues, legal/judicial concerns, social/recreational/spiritual, physical health and well-being, including substance abuse, safety/crisis concerns. This screening tool is intended to help find families with multiple needs as early as possible. The family may come to someone with educational concerns for their child, but may have other underlying issues such as family violence. Completing this screening tool will help assure you have a complete picture of the family so appropriate services can be offered. This life domain screening will give direction as to what areas may need a more in-depth assessment. This tool also addresses strengths and needs from the family's point of view.

Family Team Plans

If a family has multiple problems and becomes part of the Community Team process, the multi-agency Family Team Plan addresses the same life domains as the screening tool. The two are meant to be used in conjunction with each other.

Engaging Families and In-depth Assessment

Initiating the Family Team Process

A family worker may want to talk to other direct service workers and the family about forming a Family Team to better help the family and to support and coordinate any informal social networks and the formal agencies delivering services. At that time, a Common Intake Screening Form & Life Domains should be completed. If a family team is to be formed, the worker desiring to form the team should forward the Screening Form to the Community Team Coordinator and inform the Community Team of the intent to form a team. If needed, the Community Team coordinator will send the initial paperwork for completion. If a family member is requesting a Family Team be formed, they should contact the Community Team Administrative Coordinator, a Community Team representative or a service provider that they are working with.

Any individual can coordinate an initial Family Team meeting or the Clinical Coordinator or Community Team Coordinator can assist in the initial process upon request of a family member or a service provider. At least one team member, designated or requested by the family, will meet with the family to explain the multi-agency service coordination process, the importance of family involvement, the family's ability to call meetings, the dispute resolution process, and confidentiality. They will review, complete and sign a Consent for Release of Information for Community Team, and complete the Disclosure Statement/Financial Information Sheet. Copies of these documents will then be submitted to the Community Team Coordinator.

At least one team member, designated or requested by the family, will review the comprehensive history and assessment of the family (including information for all systems, genealogy, etc.), request missing information and begin to work in conjunction with the family to develop criteria for who will be on the team. Anyone who works with the family either formally or informally should be discussed as a potential member. This can include other family members, staff from involved agencies, school personnel or other advocates for any family member. Once the family has approved of Family Team members, the person who assisted the family in identifying members will coordinate a date for the team to meet within 2 weeks. The notification of the first meeting can be done by phone, e-mail or regular postal mail. At the initial Family Team meeting, the Screening and Domains sheet will be reviewed and shared with all members.

Also at the first meeting, team roles will be assigned. One agency member will be designated as the Service Coordinator for the Family Team which should be approved of by the family. Other roles to be assigned are the Administrative Role, the Presenter Role and Team Member. One person may serve as more than one role depending on the size of the team. A description of roles follows later in this document.

Another one of the Family Team's first tasks is to complete and review the Individual Agency Intake form for all service providers on the team. Each member is given an opportunity to share their discipline's information. Having a full understanding of the family's past and present strengths and concerns, the team and family can then choose the areas to work on and begin developing a Family Team Plan that prioritizes and coordinates services.

Family Involvement

One or more team members will need to explain the Family Team concept and process to the family. Much of this could take place at the same time the Consent for Release of Information is signed and information from the family is gathered. Family members on the team can include parents / caretakers, children, extended family or others approved by the family. The Community Team recommends adjusting the time and place of the meetings to accommodate the family.

Confidentiality / Consent for Release of Information

To ensure that Confidentiality is maintained for all family members a comprehensive Release of Information has been developed based on the lead and sample of Ohio Department Heads and approved by members of the Community Team and Knox County Family and Children First Council. All personal family and health care information shared during Family Team meetings or contained in the Family Team plan should be considered confidential and remain protected by the members of the Family Team. The Release of Information form meets all confidentiality requirements of the various agencies involved and can therefore be used across all agencies. To assure that this release meets the requirement of all member agencies, please use the Professional User's Checklist for Release of Information. Consent for Release of Information must be re-authorized every 180 days. Once the release is completed, workers will be able to share information from each of the disciplines. Initials from the client(s) are captured in the box on top as well as all lines at the bottom of the release.

Common Intake Screening Form & Domains; Additional Assessment Information

In order to provide comprehensive and effective services to a family, it is important that past and present information be gathered from all disciplines and understood by all members of the Family Team. One of the best ways to gather information is by talking with the family and past and present service providers. Information should include, but is not limited to, medical and psychological reports, school records, social histories, genograms (three generation family diagram), social network maps, ecomaps, legal actions, family violence issues, timeframes and reasons for involvement with various disciplines.

Understanding how the family operates will be most helpful in understanding problems within the family and determining how best to provide services. Care should be taken not to make judgment but rather to use this information to understand what has brought the family to their current situation. A complete history can reveal strengths as well as the root problem, and once understood, services can be more effective. The Community Team has developed the Common Intake Screening Form & Domains to capture numerous pieces of information. As a supplement, the Additional Assessment Form was developed to give a comprehensive overview of the family's past and present in the areas of Substance Abuse, Mental Health and Child Abuse. Once a Release of Information is signed, information can be gathered from various agencies to capture the history needed to complete this form.

Family Financial Worksheet/Co-Payment

Family involvement should be encouraged. All families need to stay involved with the care of their children in whatever way a team can keep that connection, including financial responsibility and custody. To that end, part of developing a team is having the family complete a financial information sheet with the understanding that they will be asked for co-payments according to their abilities.

Parents/legal guardians who have active cases with the Community Team are required to participate, to the extent they can afford, in the financial support of the Family Team Plan developed by their individual Family Team. Community Team will provide funding assistance to children and families with a demonstrated need for special services for those families who are willing to participate in the planning for positive outcomes, and who are involved with multiple agencies.

As part of the Referral Packet to Community Team, the Presenter must give the Policy for Parent-Legal Guardian co-pay for services to the parents/legal guardians for review. In addition,

the parents/legal guardian must complete the Financial Help Worksheet and the Community Team Financial Information Worksheet and return these to the Presenter. These must be submitted to the Community Team Coordinator prior to bringing a new case to Community Team.

Upon acceptance of the case by the Community Team, and prior to funding approval, the Community Team shall determine and indicate the amount of parent/guardian financial participation to be required according to the adopted guidelines contained in the Knox County Parental Contribution Schedule. All Family Team Plans requesting financial support of over \$500 will be required to include a parent contribution.

The Presenter shall notify the parent/legal guardian of their financial obligations. The Community Team Coordinator will notify the fiscal agent to invoice the parent/guardian for their contribution on a monthly basis or to apply for benefits as payee if appropriate (i.e., SSI, Social Security, etc.)

If the parent/legal guardian does not pay the required amount, the Community Team may request juvenile court intervention or may choose to terminate services.

If the parent/legal guardian disagrees with their financial obligations determined by the Community Team, the Dispute Resolution Process may be initiated.

The Community Team Financial Information Sheet must be resubmitted if the families household income status changes.

Multi-Disciplinary Family Team: Comprehensive Service Coordination for Children and Families with Multiple Needs

Family Teams

Family Teams are multi-disciplinary teams which bring together, face-to-face, family members, and all service providers, both formal and informal, which are currently interacting with the family and providing services or where an area of need has been identified. Each member will have a unique perspective, based on their discipline or frame of reference with the family. It is encouraged that family members be participating members of the Family Team and approve of the team lead. Hopefully services are being provided “*with*” the family, and not “*to*” the family. However, there are times and situations when family members may not participate on the team, but the team needs to continue to meet (i.e., if there are safety issues or a major crisis). Teams may add or delete members as services and family needs change. Teams must be cognizant of the number of providers on each team and how this impacts the family and service delivery. Be sure to include all service providers the family is working with in some manner. If the Family Team is rather large, a team decision could be that a core group of providers and the family meet as a team and other providers are communicating with the Service Coordinator and Family either via email, letter, phone or other communication.

Comprehensively view the family’s past and current situation and, as a team, develop goals and a plan of action to accomplish those goals. Continue to re-evaluate the goals and plan and make adjustments as needed.

Families with multiple problems and/or in crisis often isolate each problem or issue separately. They may discuss their unruly teen’s behavior with juvenile probation, but mention nothing of another family members’ depression or the domestic violence that occurred in the family last week. None of the disciplines alone can adequately understand or provide services, if the family situation is not fully understood. Communication becomes a key issue, both at meetings and between meetings. All members need to be kept informed as much as possible. The Service Coordinator should be used as the point of contact for all information and will see that it is shared among the members.

In discussing concerns and developing goals and service coordination plans, all members need to be heard from and a consensus as to how to proceed needs to be reached by the team.

Roles:

Service Coordinator Role

The Service Coordinator serves as a liaison with the family and is the communications center for other team members and team business. The Service Coordinator should be designated and / or approved of by the family. The Service Coordinator will also:

- facilitate meetings *and* team communication
- summarize discussions and promote consensus building
- receive all information on changes, crises, etc.
- help team develop Family Team Plans and evaluate progress and/or barriers
- update the Family Team Plan and capture signatures from members
- make recommendations for changes in team membership
- help team decided when assistance from Community Team might be needed
- delegate other roles to team members when needed such as Administrative Role, Presenter Role and Team Member roles

Administrative Role

The Administrator is the gatekeeper for many of the forms and paperwork. This role is important because the forms provide valuable clinical guidance to the Family Team. Tracking the goals and progress of the family is vital to help understand what is working for the family and what barriers exist. Tasks of this role include:

- schedule dates, times and location of meetings; provide notice to all members
- assure a valid Release of Information for each family member is completed every 180 days
- keep Family Team Notes, including team assignments, and distribute to all team members
- make sure all members, including those who may enter into the team at a later date, complete an Individual Agency Intake Sheet
- distribute Knox County Community Team Review Form ~ Provider to all members
- assist team and family in completing the Common Intake Screening Form & domains as well as the Additional Assessment Information Form

Presenter Role

The presenter is the liaison between the Family Team and the Community Team. They provide valuable information and communication to Community Team members as well as the Family Team about the clinical needs, Family Team progress and utilization of funding. Tasks for this role include:

- oversee interaction with Community Team acting as the liaison between Family Team and Community Team
- complete Request to Community Team form
- complete the 90 day Quarterly Review form ~cover – OR – the Placement Review Form ~ cover
- collect all forms necessary for Community Team reviews and presentations
- ensure that the family receives the policy for Parent-Legal Guardian co-pay for services and both Financial Forms are completed (can delegate to another Team Member)

Team Member Role

A Team Member who is not assigned as one of the above roles can volunteer or be delegated tasks by any of those roles or other tasks as needed by the Family Team. Examples of these tasks may include:

- provide a service to the family and gives feedback to the team on family's progress both verbally and on the Provider Review Form
- research needed information for team (placement options, treatment services, community resources etc.)
- provide input into the Family Team Plan and related discussions with the Family Team
- attend all team meetings as requested
- assist other roles as needed
- any other task designated by the Family Team

Consensus Building

It is easier to decide by majority rule or by having a boss decide. It is harder to seek the common good together, listen to different voices, weave together common ideas and concerns, agree on a decision that reflects what is good for the group at that time, and take responsibility collectively for the decision and its consequences. Learning to approach decision-making this way takes practice.

An overview to consensus building:

1. Relevant background information circulated before the meeting; members do their homework in advance
2. Meeting openly focuses members on their common purpose and prepares them to work together
3. Service Coordinator or team facilitator identifies a specific agenda; member(s) in charge of a specific item or information summarize key points
4. Thoughtful communication is key; one person speaks at a time and is allowed to share their complete thought. It is suggested that there be pauses between speakers to allow members time to process the new information. Members are recognized by the facilitator to contribute their concerns, ideas and information to the group as a whole regarding the current agenda item. The facilitator remains neutral about the issue.
5. The facilitator periodically summarizes the discussion without naming anyone, reflecting common concerns and issues of difference. Members give the facilitator feedback as to the accuracy of the summary. *Steps 4 and 5 continue until a decision becomes clearer.*
6. The facilitator identifies what appears to be the emerging decision and asks for unresolved concerns. If necessary, the stated decision is revised.
7. The facilitator asks for approval

(Building Consensus: Conflict and Unity; 2001)

Building a multi-disciplinary plan by consensus is a process; everyone has several pieces, but no one has the whole plan. As everyone adds thoughts and concerns, a comprehensive plan emerges.

Consensus building emphasizes learning rather than winning. Only by intentionally replacing preconceived notions with authentic listening and learning will you be able to participate fully in consensus building.

Learn from each other, regardless of expertise or position. Try to understand what matters to others and why.

Learn to seek greater clarity about the reasons for and conditions of various alternatives to make the best decision.

Learn to be patient with each other and with the process. With successful practice, groups gradually develop the capacity to make better decisions more quickly.

Be open to the possibility that the best solution/plan for the entire team may not be the one you personally prefer. Respect each person as important to the process. It is encouraged that each discipline should have one voice/member.

Goals and Family Team Plan

After sharing the family's history and structure, consider all family members and issues. Choose goals that will help address some of the primary issues identified on the Common Intake Screening Form & Domains. Develop a Family Team Plan based on family needs and team assessment that will help them reach the goals that the family team has set. All assistance and services should be provided in the least restrictive environment. The plan needs to be the consensus of all the team members, especially family members. There may be several problems or needs that will need to be prioritized according to safe and primary concerns. The Family Team should also consider possible crisis situations and develop a crisis or secondary plan.

Most families can only work on two or three issues at any one time; if the family is particularly vulnerable they may only be able to handle one at a time. Sometimes it will be the primary, root need at the top of the list; other times accomplishing a lesser need may reduce stress and allow the family to move forward more easily.

Ongoing Work, Documentation and Family Team Plan Evaluation

Many of the problems in multiple need families are long-term. Social service work requires good documentation with a clear picture of problem areas, goals to address these areas, rationale for decisions and services, as well as recognizing family strengths, supports and barriers. Documentation can show current efforts and can be helpful in the future to understand and plan services. Once goals and plans are developed the Family Team Plan needs to be continually evaluated for barriers and/or progress. If there are barriers, determine what changes to the plan would eliminate those barriers. If there is progress, celebrate the goals completed. Only add other goals as needed. To keep Community Team informed of the team's progress, we request quarterly reviews.

If the established goal has not been attained in a reasonable length of time, the team should review the goal and determine what barriers are preventing progress. The team should then develop a plan to remove the barriers, or if the barrier is not removable, consider changing the goal. Often when goals are not met, it is because it is the wrong goal for the family or its members. Sometimes family members cannot verbalize their wishes or goals, but their behavior may provide clarification. Other times it may be the goal they want, but may not be attainable – ever or in a timely fashion.

Funding Streams

FCFC receives different funding streams each fiscal year. The guidelines that FCFC receives for each funding stream will be reviewed by the FCFC Coordinator and the Community Team Administrative Coordinator at the beginning of each fiscal year. After this review, all available funding streams and their guidelines will also be reviewed by FCFC and Community Team representatives to determine how these funding streams can be accessed by families as well as developing a budget for each fiscal year.

When Family Teams meet, they should discuss the needs of the family as identified on the Family Team Plan. This discussion should include input from all members of the team about what resources are available within each members agency or within the community to cover any costs for the needed services. If resources are available within the community or each members agency to address the family's need, then the team will decide what funding source to use for which need. When all resources are exhausted and a need still exists on the Family Team plan,

the Family Team will need to contact the Community Team Administrative Coordinator regarding funding options. Depending on the fiscal year budget and accessibility, different funding resources may be available.

Seeking help

The Community Team can provide support, recommendations, clinical suggestions, and brainstorm creative solutions, as well as resolve certain issues, assist with consensus building, access flexible county funds, and direct issues to the Family and Children First Council. Community Team can meet in a clinical session or have a Community Team member or the Community Team Clinical Coordinator attend a Family Team Meeting. The Community Team meets three times a month. If an urgent need arises, please contact the Administrative Community Team Coordinator. A Family Team must present at Community Team for a minimum of two clinicals prior to requesting any funding. This is to ensure that 1) all other available resources have been used and 2) Family Teams are formed early on to assist the family with services rather than being formed solely to request funding.

Community Team

Community Team Members:

- Community Team Administrative Coordinator
- Community Team Clinical Coordinator
- Behavioral Healthcare Partners of Central Ohio, Inc., (MGC)
- Department of Youth Services
- Community Mental Health and Recovery Board of Licking & Knox Counties (ADAMH)
- Knox County Children Services
- Knox County Juvenile Court
- Knox County Head Start
- Knox County Board of Developmental Disabilities
- Knox County Health Department - HMG
- The Alcohol and Drug FREEDOM Center of Knox County
- Mount Vernon City Schools
- Knox County Educational Service Center

Community Team will:

- receive quarterly reports on all Family Teams
- provide assistance to Family Teams, including clinical direction, individual team assistance, consensus building, pooled funding, and mediation and dispute resolution, when requested
- review all imminent / emergent, out-of-home placements for diversion or appropriateness of goals, placement, length of stay, appropriate services to child and family/caregivers, after-care plans and long-range goals
- follow-up closed cases with an evaluation of services
- strive to offer training, annually, at a minimum, to FCFC agencies, Community Team agencies and other service providers
- report regularly to FCFC regarding the following:
 - Specific case needs that are beyond current resources and pooled funding
 - Requests for funding for approved long-term out-of-home placements
 - Disputes that cannot be resolved at the Community Team level
 - Recommendations of allocation of resources and programming, addressing gaps that exist in the continuum of services
- Upon request, service coordination data will be submitted to the State for purposes of evaluation

Community Team Administrative Coordinator

The Community Team Administrative Coordinator is a part-time person who receives referrals and requests for team assistance, reviews referral packets for completeness, copies and distributes material to Community Team members, tracks teams and related data, attends and tracks fiscal payments, maintains contact with Council Coordinator, sets quarterly review agendas, sends out closing evaluations, keeps other related data and responds to requests for data as requested.

Community Team Clinical Coordinator (depending on funding this role may or may not be in place at a given time; please check with the Community Team Administrative Coordinator for availability)

The Community Team Clinical Coordinator is a part-time person with a Master's Degree who helps individual teams with clinical issues, assists with Family Team development, and helps Family Teams with mediation and consensus building.

Quarterly Family Team Reviews

A case progress review of the goals and Family Team Plan for Community Team must be conducted on a quarterly basis. Cases are tracked by the custodian's surname. Reports to Community Team must include a summary of the family and their issues, the goals and steps, progress made, barriers encountered, needed Family Team Plan changes, and necessary resources to support the plan.

In-Home Services

Community Team is committed to keeping families together whenever possible, as long as safety is maintained for all family members. Developing specific services to meet the family's needs are encouraged. Community Team realizes that maintaining children in the home may be as costly as placement, but may be more beneficial for all involved.

Clinical Direction

If a team is having difficulties setting goals, defining steps to reach those goals, experiencing communication difficulties, unable to arrive at consensus, or cannot move past barriers, the team should contact the Community Team Coordinator and request a meeting with the clinical team or the Community Team Clinical Coordinator.

Placement Needs

If a team feels that a child is a risk to himself or the community, and all in-home and in-county services have been exhausted, the team should consider a placement plan that includes an explanation of why placement is needed, the goals and outcomes that placement will accomplish to reduce risk, how goals and outcomes will be accomplished, a prognosis, the costs involved with placement and how they will be paid, a description of child and family involvement, the impact and concerns for other children, services for the family during placement, after-care plans and long-range goals. Community Team will be particularly interested in understanding what risks exist for the child, family, and community if the child is not placed. Resources are limited therefore priorities need to be considered. All placements should be in the least restrictive environment possible.

Placement Reviews

If a child is placed through Community Team Funding, the Family Team will be required to present a review each month to Community Team. This review will assist the Family Team in assessing services, progress, barriers and future planning. While the child is in placement, a Family Team member is required to have monthly face-to-face contact with each of the following: the child in the placement, the family, and the team. This may be the same member providing the face-to-face contact or it can be shared among several members. Most family Teams have found it helpful to have a Family Team meeting each month at the placement facility with the family, child, placement agency and team members participating. However, as long as the face-to-face criteria is met, this can be individualized for each Team.

Transition to Adult Services

When a team is working with a family where children who are 16 years or older are receiving services from the child caring system, the Community Team would request that the team contact and begin working with the adult system and the service providers who will be continuing services after the child becomes an adult. Transition planning will assure continuing services and may be helpful in getting different services in place early on as some adult services may have a waiting list. Also, some families and children may need a longer period of time to adjust to new service providers.

Closing Evaluation

At the close of a case, the Administrative Coordinator will send the family a service delivery evaluation after the close of the case. Information may be used to document outcomes of the process and/or make adjustments to the Community Team process.

Training Opportunities

Community Team will strive to offer training annually to FCFC agencies, Community Team agencies, families and other service providers. Each agency member can contact its Community Team representative or the Administrative Community Team Coordinator for training related to a specific issue or need. Informal training for individualized agencies and families regarding Family Teams and Community Team is always available.

Dispute Issues- Community Team Level

Multi-need families and multi-disciplinary teams deal with multi-level, complex issues. Differences are bound to arise. If the team cannot resolve an issue, the Community Team is more than willing to help on both an informal and formal level. The issue may be brought to the clinical team for further discussion and direction. Community Team can also send the Administrative Coordinator, Clinical Coordinator and/or a neutral Community Team member to the team meeting to facilitate, mediate or assist the team in coming to consensus. FCFC has a more formal process for settling disputes - formal mediation followed by a judicial hearing and decision process. If the Community Team cannot solve the dispute, the matter will be given to the Family and Children First Council.

Dispute Resolution Process – Family and Children First Council Level (FCFC)

While FCFC's goal is to move from cooperation and coordination to collaboration and integration, Knox County recognizes the need to provide an arena for resolving issues that arise concerning the delivery of services for a child and family. FCFC's vision of changing the service delivery model is a process that will take time and commitment from all service agencies and each staff person. Even with operational guidelines and commitment to this process, issues will arise. These issues may be concerns of the family and child or of the providing agencies regarding the designated family service plan or provider responsibility for the service plan. Whether the disputes for service delivery are between family and provider, family and service plan, or provider to provider, Knox County's dispute resolution process will be driven by the following guidelines:

1. The process will be as user friendly as possible, providing the right to be heard and notice given to all parties.
2. The availability of a dispute resolution process will be explained to a family and child (when age appropriate). At the time of the initial entry into the multi-agency service coordination system, the family will be informed of the Dispute Resolution process both verbally and in writing. (Council brochure to include access and use of dispute resolution.
3. The child and family will continue to receive necessary services while a dispute is being resolved. Services will not be denied a child and family that would place a child at risk.
4. This dispute resolution format will be used by all committees and groups under Council's supervision.

Informal Steps

When a concern arises, the service team will use Community Team to review the matter and give assistance to the team in resolving the concern before it becomes a dispute. Community Team may consult with or use FCFC, if necessary. The team service coordinator will be responsible for notifying all parties of the time and place of any meetings. If the Community Team cannot resolve the concern, the Formal Dispute Resolution Process will be used. The team service coordinator will request a mediator and set up the necessary meeting.

Formal Steps

Knox County will employ a two-step formal dispute resolution process for those occasions when a family and team members cannot reach consensus on service delivery, having used the informal steps. The entire process from the date of the formal dispute to a final decision by the Juvenile Judge should take no more than thirty (30) days. Services to the child and family will continue during dispute resolution.

The traditional mediation process will be utilized for the first phase of the dispute resolution process. Trained neutral mediators from the local BAR Association and appropriately trained community volunteers will facilitate this phase of the process.

The second step will be a binding hearing before the Juvenile Court Judge. If Juvenile Court or Juvenile Probation is a party to the dispute, then the Knox County Juvenile Court Judge will recuse himself and another judge will be requested. The team's service coordinator will

provide all related documentation, including assessment and service plan information and background of the dispute and its resolution to the mediator, CT chairs, FCFC and (if necessary) the Juvenile Court Judge.

Non-Emergency Disputes: When a non-emergency dispute arises, situations where there is not imminent risk for the child, the service coordinator will request a mediator and be responsible for notifying all parties of the time and place of the mediation session. All interested parties will be allowed to submit relevant materials to the mediator/Juvenile Court Judge.

In non-emergency disputes, the goal will be to have the mediation session within fourteen (14) days of the dispute. If the mediation fails, the case will be presented to the Juvenile Court within seven (7) days of the failed mediation.

Emergency Dispute: An emergency dispute situation is defined as one involving significant risks to the child or other persons who are to be addressed by the proposed comprehensive family service plan. In emergency dispute cases, the process will remain the same except that the goal will be to have a mediation session within seven (7) days of the dispute. If the mediation fails, the case will be presented to the Juvenile Court within seven (7) days of the failed mediation session.

In cases that involve Help Me Grow disputes, the Procedural Safeguards for Help me Grow dispute resolution will be followed. These can be found at:

<http://www.ohiohelpmegrow.org/assets/675E9164F79043DE89FD9AD56633FA5F/PrSfguards1.pdf>

and continued on

<http://www.ohiohelpmegrow.org/assets/AC21C263E26043499BB655D58C7B136C/PrSfguards2.pdf>

Key Responsibilities

Family Team Members will:

- come prepared for the meetings, allowing adequate time
- understand that your part in the multi-disciplinary team is very important so attendance is key; if you can't attend, give your information to another member
- help the team understand a comprehensive summary of the family's situation, past and present, from your agency's point of reference
- share your discipline's requirements and limits as they pertain to the family
- develop an understanding of the requirements and limits other disciplines' as they pertain to the family
- practice open communication and consensus building
- continually evaluate family case goals and plans and share concerns and considerations
- communicate all changes in the case as soon as possible to the service coordinator and/or all team members
- request assistance from Community Team as needed

Family Teams will:

- review and understand the comprehensive context of the family's situation (some of this information might need to be shared without the family present)
- communicate openly, sharing problems and concerns with all members
- consider services from a multi-agency perspective and develop services that best meet the needs of the family and all agencies involved
- develop a comprehensive coordinated Family Team plan using life domains
- develop safety and crisis plans
- develop a long-range goal
- help maintain coordinated, comprehensive services
- ensure that all assistance and services are provided in the least restrictive environment
- keep team meeting notes and assignments
- provide continuous evaluation and amend the comprehensive service plan as needed
- assign and track services and follow-up on assignments
 - choose a different service coordinator whenever necessary
 - for any child 16 or older, consider independent living skills and use the of the adult services transition team when needed
- review the case quarterly with Community Team, if applicable
- adjust team membership and meetings (day, time, location), as needed to accommodate the family
- request help/approval from Community Team *if*:
 - team is having difficulty developing or maintaining a comprehensive plan
 - available resources or finances are not adequate to meet family needs for in-home services
 - out-of-home placement of a child is imminent or has already happened
 - there is a dispute between family and provider or between providers

Appendix

FORMS

Flow Chart

Common Intake Screening Form & Domains

Professional User Checklist for Release of Information & Consent for Release of Information

Confidentiality Form for Family Team Members

Additional Assessment Form

Individual Agency Intake Form

Family Team Meeting Notes

Family Team Case Plan

Financial Help Worksheet

Community Team Financial Information Sheet

Community Team Review Form - Provider

Community Team Review Form - Cover

Community Team Placement Review - Cover

Request to Community Team

Family Service Delivery Evaluation for Family Teams

Community Team Policy & Procedure for Parent &/or Legal Guardian Co-payment for Services

Parents &/or Legal Guardian fee Schedule for Community Team & Poverty Guidelines

Community Team Funding Guidelines for In-Home Services and Supports

Family Team Guidelines for In-Home Family Supports

Family Chosen Provider Waiver for Respite

Family Chosen Provider Respite Payment Form

"Flow Chart" for FT/CT Process

1) Team Needed?

Intake Screen/Domains Sheet

Release of Information

Additional Assessment Form

Family Request

Provider(s) request

Treatment needs/Multiple needs and/or services

Reduce duplication of Services/Increase communication b/w providers

Child(ren) at risk of placement (MH Hospitalization, Detention,

Foster/Residential)

Child has been placed/Child is returning back into Community from placement

2) ID members to be on team

Contact Clinical Coordinator for Community Team

Set Initial meeting (date/time/location). Notify via phone or mail.

Individual Agency Intake Form -----Mail out to members prior to meeting

3) 1st Meeting

Confirm team members/ID roles—**Individual Agency Intake Form**

Assign Roles of Family Team – Service Coordinator Role, Administrative Role, Presenter Role, Team Member Role(s)----delegate as needed!

Intake Screen/Domain Sheet—(if not completed previously. If already completed, review with team members)

Release of Information—(if not complete)—Copy to members

Case Notes—document meeting/assignments---copy to members

Case Plan—ID goals and services with family and team. Document in plan-Who's responsible for service?? \$\$?—Copy plan to members

Financial Help Sheet—& **CT Financial Info Sheet**—optional—can use for budget help, also needed if accessing CT for funding

Set next meeting (date/time/location)—include in Case Notes before copying to members

4) Meetings thereafter

Review **Case Plan** & progress; ID barriers if applicable (if plan has changed, amend plan and copy to all members)

Case Notes-document meeting; review assignments; set next meeting (time/date/location)—Copy to all members

Ensure **Release of Information** is up to date

Individual Agency Intake Form—(if new provider added to team)

5) Community Team Needed (Clinical Direction or Funding)

*** Family Team must come to 2 Clinical meetings with Community Team before funding can be requested!

Contact CT Coordinator to request CT date/time/reason

Copy of the following paperwork to CT Coordinator 2 weeks before CT

Intake Screen/Domains

Individual Agency Intake Forms

Release of Information

Case Plan

Additional paperwork needed for CT (bring to CT)

Request to Community Team

Financial Help Sheet

Financial Information Sheet

6) Quarterly Reviews every 3 mo. with/without Community Team

Review **Case Plan**- ID barriers, progress, services

Individual Agency Review Sheet (each team member)

Re-evaluate provider roles and services

CT Review Form-Cover (if CT)

If Case Plan is updated/amended copy to all members

7) Closing

Goals have been met

Family does not want team process anymore

CT Review Form-Cover

Individual Agency Review Sheet

Family Service Delivery Form

Refer back to domains—Was service helpful? Were needs/domains met?

Family and Children First Council (FCFC)
Common Intake Screening Form
 (for multi-agency identification of comprehensive family needs)

Family/Child Last Name: _____ Screening completed by: _____
 Address: _____ Agency: _____
 _____ Phone: _____
 _____ Title: _____
 Phone: _____ Date: _____

Family Members: (all members living in the family unit, by their definition):

Name	Age	Relationship	School name	Grade	IEP??	Income Source/Amt	Employer

What is working for your family? What do you do for fun? Who do you rely on in a crisis? (natural supports):

What would be helpful? What services/ideas have you tried in the past? What worked/what did not work?

Life Domains Family/Child Name: _____

Following are "domains of life" in which families, at times, need help. Please indicate if your family is having problems in any of these areas by placing an in the box. If an "X" is used please add any important details in the blank spaces.

<p><u>Social</u></p> <p><input type="checkbox"/> A family member is unable to have fun/relax each week</p> <p><input type="checkbox"/> Members of my family do not have friends they can count on for support</p> <p><input type="checkbox"/> A family member sometimes drinks too much and/or abuses drugs</p> <p><input type="checkbox"/> Family members could use more support from agencies or organizations</p> <p>If <input checked="" type="checkbox"/> 'd give details: <u>Who/What?</u></p>	<p><u>Family</u></p> <p><input type="checkbox"/> Family is not getting along/Why?</p> <p><input type="checkbox"/> Financial stress</p> <p><input type="checkbox"/> Family does not have enough supports</p> <p><input type="checkbox"/> Divorce, remarriage, change in partners</p> <p><input type="checkbox"/> Appropriate Roles</p> <p><input type="checkbox"/> Concerns of abuse or neglect</p> <p>Significant losses (ie: death in family, trauma)</p> <p>If <input checked="" type="checkbox"/> 'd give details: <u>Who/What?</u></p>	<p><u>Legal</u></p> <p><input type="checkbox"/> A family member is involved in court Who? _____</p> <p><input type="checkbox"/> A family member is: _____</p> <p><input type="checkbox"/> on adult probation/parole</p> <p><input type="checkbox"/> on juvenile probation</p> <p><input type="checkbox"/> incarcerated</p> <p><input type="checkbox"/> custody issues</p> <p><input type="checkbox"/> child support issues</p> <p><input type="checkbox"/> paternity issues</p> <p>If <input checked="" type="checkbox"/> 'd give details: <u>Who/What?</u></p>
<p><u>Educational/Vocational</u></p> <p><input type="checkbox"/> Our family is having problems with school attendance or truancy</p> <p><input type="checkbox"/> An adult family member would like to attend school</p> <p><input type="checkbox"/> We are having difficulty finding a job for the older children OR</p> <p><input type="checkbox"/> for an adult family member</p> <p>If <input checked="" type="checkbox"/> 'd give details: <u>Who/What?</u></p>	<p><u>Needs In The Home</u></p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Structure of House</p> <p><input type="checkbox"/> Utilities</p> <p><input type="checkbox"/> Frequent Moves</p> <p><input type="checkbox"/> Transportation issues</p> <p>If <input checked="" type="checkbox"/> 'd give details: _____</p>	<p><u>Emotional/Psychological</u></p> <p><input type="checkbox"/> A Family member has special mental health or emotional needs and is not getting help</p> <p><input type="checkbox"/> My family is having difficulties because of an unsettled problem</p> <p><input type="checkbox"/> A family member is low functioning</p> <p><input type="checkbox"/> A child has developmental delays</p> <p>If <input checked="" type="checkbox"/> 'd give details: <u>Who/What?</u></p>

<p>Physical/Medical</p> <p><input type="checkbox"/> Our health care needs are not being met</p> <p><input type="checkbox"/> A family member has a special medical/health need, but is not getting help for it</p> <p><input type="checkbox"/> Family member is handicapped</p> <p><input checked="" type="checkbox"/> d give details: Who/What?</p>	<p>Safety</p> <p><input type="checkbox"/> My family is not safe from physical harm</p> <p><input type="checkbox"/> A family member is dangerous to :</p> <p><input type="checkbox"/> self <input type="checkbox"/> community <input type="checkbox"/> family member</p> <p><input type="checkbox"/> Family member exerts physical or emotional control over others</p> <p><input checked="" type="checkbox"/> d give details: Who/What?</p>	<p>Additional</p> <p><input type="checkbox"/> A family member has been or may be placed away from the family for <u>(list who)</u>:</p> <p>medical _____</p> <p>behavioral _____</p> <p>criminal _____</p> <p>Mental health _____</p> <p>Child _____</p> <p>abuse/neglect _____</p> <p>other _____</p>
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Knox County Family and Children First Council
Multi-Disciplinary Community Team
CONSENT FOR RELEASE OF INFORMATION
(for multi-agency comprehensive services)

A separate release form is needed for each member of the family.

Name: _____ Date of Birth: _____

Community Team has my permission to exchange/give/receive/share information regarding service delivery planning for the purpose of securing, coordinating, and/or providing services for the above-named person(s) which includes the following agencies:	
<i>Please check all that apply:</i>	
<input checked="" type="checkbox"/> <u>Multi-disciplinary Community Team consisting of the following agencies:</u>	<input type="checkbox"/> Dept. of Job & Family Services (Public Assistance, Child Support Enforcement, Opportunity Knox)
Behavioral Healthcare Partners of Central Ohio, Inc. (Moundbuilders Guidance Center)	<input type="checkbox"/> New Directions Domestic Violence Shelter
Community Mental Health & Recovery Board	<input type="checkbox"/> Community Health Access Project (CHAP)
Knox Co. Health Department	<input type="checkbox"/> Interchurch Social Services
Knox Co. Head Start	<input type="checkbox"/> Other: _____
Knox Co. Board of DD	<input type="checkbox"/> Other: _____
Ohio Dept. of Youth Services	<input type="checkbox"/> Other: _____
Knox Co. Children Services	
Alcohol and Drug FREEDOM Center	
Mount Vernon City Schools	
Knox Co. Educational Service Center	
The Children's Connection	
Knox Co. Juvenile Court	
The Village Network	
	Initial approval here and date: _____

I authorize sharing of the following information if needed by the receiving agency to secure, coordinate, and provide services to the individual. **(Each box must be checked "yes" or "no" and initialed:**

Yes No _____ *Identifying Information:* name, birth date, sex, race, address, and telephone number.

Yes No _____ Social Security Number.

Case Information: the above Identifying Information, plus medical (except for HIV, Aids, and drug and alcohol treatment records) and social history, treatment/service history, psychological evaluations, Individual Education Plans (IEP's), Individual Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding me or the individual named above (disability, type of service being received and name of agency providing services to me or the individual named above). Information regarding the following shall not be released unless initialed below:

Yes No _____
 Yes No _____ HIV and Aids-related diagnosis and treatment.

Yes No _____ Substance abuse diagnosis and treatment.

Yes No _____ *Financial Information:* Public assistance eligibility and payment information provided for establishing eligibility, including but not limited to pay stubs, W2s and tax returns, and other financial information.

I understand that the Consent for Release of Information expires 180 days from the date it is signed unless otherwise indicated herein by the consumer. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature and delivering it to _____. The revocation does not include any information, which has been shared between the time I gave permission to share information and the time that it was cancelled.

I understand that my signing or refusing to sign this consent form will not effect public benefits or services that I am eligible for.

This consent expires: _____ (write in actual date of expiration).

Signature of Person: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Witness/Agency Rep.: _____ Date: _____

*Violation of Federal law and regulations by a program is a crime.
Suspected violations may be reported to the United States Attorney in the district where the violation occurs.*

**TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A
RESULT OF THIS SIGNED CONSENT:**

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law.

Federal Confidentiality Rules (42 CFR Part 2) & the Health Insurance Portability and Accountability Act of 1996 (HIPPA, 45 C.F.R. Pts. 160 & 164) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medial or other information is **NOT** sufficient for the purpose of the release of HIV test results or diagnosis.

3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law.

*This form contains privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Confidentiality Section 2151.421 of the O.R.C. Penalty Section 2152.99 of O.R.C.
Thank you for your consideration and confidentiality.*

User Checklist for Release of Information

- Explain that the Release is voluntary, not mandatory.
- Explain the purpose of the Release, which is to expedite services to the person who will need services from more than one agency.
- Explain that not signing it will not result in a refusal of services, but could result in a delay of services.
- Review all parts of the Release with the consumer and explain the purpose of each part.
- Review the specific information noted in the Release, which the person may authorize to be shared.
 - Make it clear to the person that he/she can authorize release of all data listed or only some, as he/she chooses.
 - Explain how a person who decides to authorize release of only a portion of the information makes this known by checking yes or no, as appropriate, if it is an entire category such as Financial Information.
 - Explain that they can authorize release of only a portion of the information in a category by crossing out information they do not desire shared.
- Inform the person that they can revoke the Release at any time, for any reason, by stating so in writing to the lead agency.
- Explain that the Release is valid for only up to 180 days, unless revoked sooner. Ensure the person understands that after the Release expires, agencies can no longer share information unless the person executes a new Release.
- If the person whose records are to be released is a minor, ensure the parent or guardian understands the Release, completes and signs it. Without this process and signature, the Release is not valid.
- Ensure you review with the person the law stated on the release regarding HIV-related diagnosis information, substance abuse, and diagnosis and treatment information. NOW, if the person believes completing the Release will expedite services to them, ask them to complete it.
- Note if child abuse or neglect records are needed, they may be released with the written permission of the County Public Children's Services Agency.
- Encourage the person to ascertain contents of his/her records before authorizing release.

**Knox County Family and Children First Council
Confidentiality Form for Family Team Members
(for multi-agency comprehensive services)**

Family Name:	_____
Date Team Formed:	_____
Family Member(s):	_____

As an identified Family Team Member, I understand that all information shared regarding the above mentioned family and its members is considered confidential. All personal family and health care information disclosed during family team meetings or contained in the Family Team Plan will not be shared with others unless the family member(s) consent to the release of the information. The following also applies:

- 1) If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by Federal law.

Federal Confidentiality Rules (42 CFR Part 2) & the Health Insurance Portability and Accountability Act of 1996 (HIPPA, 45 C.F.R. Pts. 160 & 164) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

- 2) If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is **NOT** sufficient for the purpose of the release of HIV test results or diagnosis.

- 3) The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, DYS in the case of youth records, or applicable federal and/or state law

Family Team Member Name & agency (printed)	Family Team Member Signature	Date

Family and Children First Council (FCFC)
Additional Assessment Information

Family/Child Name: _____

Completed by: _____

Date completed: _____

Substance Abuse Problems within the family? Yes No
 If yes:

Who	Past/Current	Current assessment?	Engaged in treatment?
	<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Mental Health Issues within the family? Yes No
 If yes:

Who	Diagnosis	Current assessment?	Engaged in treatment?	Suicidal tendencies?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Child Abuse history (physical, sexual and/or neglect) Yes No
 If yes:

Type of abuse/neglect	Victim	Perpetrator	Past/Current?	CPS involvement?
			<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
			<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
			<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
			<input type="checkbox"/> past <input type="checkbox"/> current	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk

Family and Children First Council (FCFC)
Individual Agency Intake Sheet

Family Name: _____ Worker Completing Form and Agency: _____

Family members your agency works with	Role in the family

Please give a brief history of your agency's involvement with the family noting any information beneficial for the Family Team/Community Team. List any assessment tools completed and results. List diagnosis if applicable.

Please list Family Strengths. What does the family do for fun/enjoyment? What hobbies do they have (individual or family)? Name at least one natural support the family has – who do they rely on in a crisis?:

What is the role of your agency regarding this family? What services can/will your agency provide to the family? What is the goal(s) your agency sees for this family or the individual with whom you work?:

Signature/Title: _____ Date: _____

FAMILY TEAM MEETING NOTES

Family/Child Name:	Service Coordinator:	Date:
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TEAM MEMBERS PRESENT	TEAM MEMBERS ABSENT

DISCUSSION

THINGS TO DO:	BY WHOM:

Next Meeting:		
Date:	Time:	Location:

This form contains privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Confidentiality Section 2151.421 of the O.R.C. Penalty: Section 2152.99 of the O.R.C. Thank you for your confidentiality

THIS FAMILY TEAM PLAN IS DESIGNED ESPECIALLY FOR:

Family/Child Name: _____

Developed on: _____

Treatment Goals based on Family Needs from Life Domains Checklist:	What will we do to get there? (strategies/activities)	Who will do it? (Team member responsible)	Anticipated Cost	When will we start? How long will it take? How will we know when completed?:
(1) Home/Living Needs/Stability/ Family Assessment:				
2) Family/Surrogate Family Needs:				
(3) Physical/Medical/Dental/ Substance Abuse:				
(4) Emotional/Psychological/ Behavioral/Psychiatric/DD:				

Treatment Goals based on Family Needs from Life Domains Checklist:	What will we do to get there? (strategies/activities)	Who will do it? (Team member responsible)	Anticipated Cost	When will we start? How long will it take? How will we know when completed?:
(5) Social/Recreational:				
(6) Educational/Vocational:				
(7) Legal/Judicial:				
(8) Safety/Crisis/Secondary Plan:				
(9) Other:				
TOTAL PLAN COST=\$				

Team members present when plan developed:

Parent Signature:

Parent Signature:

Long Term Goal:

Quarterly Review Date:

FINANCIAL HELP WORKSHEET

Family Name: _____
 Address: _____ Phone: () _____

What specific need are you requesting? _____

What can you contribute towards this need? (i.e., money, agreement for supportive services, work with budgeting services, etc.)

Please check with the following resources and have agency representative mark appropriate box and verify with their initials:

	*NOT Able to Help	Able to Help List Amount	Verification
Interchurch: 306 W. Gambier St. (397-2407) Centerburg (625-5940) Fredericktown (694-8110) Danville (599-5673)	<input type="checkbox"/>	_____	_____
Salvation Army: 206 East Ohio Ave. (392-8716)	<input type="checkbox"/>	_____	_____
PRC: 117 E. High St., 3 rd Floor (397-7177 x 1261)	<input type="checkbox"/>	_____	_____
H.E.A.P.: 71 Sychar Road (397-0378)	<input type="checkbox"/>	_____	_____
Veteran's Assistance: 411 Pittsburgh Ave. (393-6742)	<input type="checkbox"/>	_____	_____
Children/Family Services (ESA, Kinship, Books and Bears) 397-7177, ext. 1264	<input type="checkbox"/>	_____	_____
Kno-Ho-Co: 306 S. Main St. (397-0378)	<input type="checkbox"/>	_____	_____
Metropolitan Housing: 236 S. Main St.; 2 nd floor (397-8787)	<input type="checkbox"/>	_____	_____

United Way:

110 E. High St. (397-5721)

Health Dept; (WIC, Help Me Grow, Clinics)

11660 U. Gilchrist Rd. (392-2200)

Head Start:

11700 U. Gilchrist Rd. 397-1344

*WHY are you unable to help? _____

Are you currently receive assistance or working with the JOBS program? Yes No

If yes, are you cooperating with their guidelines? Yes No

Who is your caseworker? _____

I verify that the above information is true:

Adult Signature

Adult Signature

COMMUNITY TEAM FINANCIAL INFORMATION SHEET

Family Name: _____ Date Completed: _____

Head of Household Employer: _____ Occupation: _____

Spouse or Other's Employer: _____ Occupation: _____

Monthly Income:

Sources of Gross Income (Mo.)	\$\$ Amount		\$\$ Amount
1. Wage income	\$ _____	8. VA	\$ _____
2. Wage income	\$ _____	9. Worker's Comp.	\$ _____
3. Unemployment	\$ _____	10. SSI/SSDI	\$ _____
4. Social Security	\$ _____	11. Rental property	\$ _____
5. Child Support	\$ _____	12. Pension/retirement	\$ _____
6. Welfare/GR/ADC/TANF	\$ _____	13. Food Stamps	\$ _____
7. Disability	\$ _____	14. Total income	\$ _____

Monthly Expenses:

Rent/Mortgage _____

Insurance _____

Utilities (heat, electric, water, garbage) _____

Phone (land line and cell phone) _____

Cable/Satellite/Internet Access _____

Food (groceries and eating out) _____

Laundry _____

This form contains privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. Confidentiality Section 2151.421 of the O.R.C. Penalty: Section 2152.99 of O.R.C. Thank you for your consideration of confidentiality

Family Name: _____ Date Completed: _____

Monthly Expenses Continued

Transportation

Gas _____

Car payment _____

Insurance _____

Health/Medical _____

Legal Fees/Court Fines _____

Personal Care (diapers, clothing, supplies,
haircuts, nails, tanning) _____

Pet Care _____

Family Activities/Recreation _____

School./Education Expenses _____

Loans/Credit Cards/Rent-to-Own _____

Child Support Paid Out _____

OTHER EXPENSES: (Please specify) _____

Total Month Expenses: _____

Household Members: # Adults: _____ #Children: _____

Primary Insurance

Secondary Insurance

Company: _____

Company: _____

Insured Name: _____

Insured Name: _____

Insured Address: _____

Insured Address: _____

Group # or Name: _____

Group # or Name: _____

MEDICAID/ADC _____

If yes, case name: _____

I hereby state that the above information is correct to the best of my knowledge

Signature: _____

Family and Children First Council (FCFC)
Knox County Community Team Review Form - Cover

90 day quarterly review other/special review closing summary

Family Name: _____ Date: _____

Service Coordinator: _____ Phone: _____

Review Period: _____ Date of last Review: _____

Please list dates of team meetings over the last 3 months: _____

Team members:

Name	Agency

Family Structure:

Name	Role	Age	Sit on Team?	
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no
			<input type="checkbox"/> yes	<input type="checkbox"/> no

For the **Quarterly Review** you will need to bring ~~1 copy, double sided~~ of the following with you:

- ✓ Community Team Review Sheet – Cover
- ✓ Knox County Community Team Review Form-Provider --each member on the team should fill one of these out (**not the Individual Agency Intake form**)
- ✓ Updated Family Team Plan
- ✓ Updated release if previous release expired (just one copy of this for the CT Coordinator)
- ✓ Request Form for funds (if funds are being requested)

For the rest of the Community Team members please bring ~~14 copies, double sided~~ of the following:

- ✓ Community Team Review Sheet – Cover
- ✓ Request to CT
- ✓ Updated Team Plan

For a **Case Closing** please bring ~~15 copies, double sided~~ of the following:

- ✓ Community Team Review Sheet – Cover
- ✓ Knox County Community Team Review Form-Provider --each member on the team should fill one of these out (**not the Individual Agency Intake form**)

Family and Children First Council (FCFC)
Knox County Community Team Placement Review Form - Cover

Family Name: _____ Service Coordinator: _____ Review Date: _____

Child currently in placement: _____ Age: _____ DOB: _____
 Facility Name and Date placed: _____ Estimated date of Discharge: _____

Date of F:F visit with child: _____
 Date of F:F visit with family: _____
 Date of team meetings: _____

Team members:

Name	Agency / Family Role

Child in placement due to (check all that apply):

- Mental Health
 Sexual Offending/Sexual Boundaries
 MR/DD
 Behavioral Issues
 Drug/Alcohol
 Risk of harm to: self others
 Other: _____

Goal(s) of placement:

Monthly Progress & Barriers to progress:

Family Involvement (visits/counseling/reunification):

Other placements or moves in the last 6 months (include detention, hospitalization, placement changes etc...):

Current In-Home Services:

Step down / after care plans:

Transition to Adult Services / Independent Living Plans:

Status of other children or family members:

Please include the following for each monthly review:

- ✓ Provider Review sheet for each member of the team
- ✓ Progress report &/or Treatment plan from the facility/placement provider
- ✓ Community Team Request form (if applicable)

FAMILY SERVICE DELIVERY EVALUATION FOR FAMILY TEAMS

Dear Family:

Recently you have received services from a Family Team. As member of the Community Team who oversees Family Teams, we are interested in hearing from you about your experiences with the Family Team process.

Did you feel listened to?

Do you feel that the team tried to build on current family strengths to help solve family problems?

Were there barriers to getting the help and services your family needed?

Did you feel you knew who to contact if you needed additional help, services or to better understand what was going on?

What other information would you like to share regarding your Family Team experience?

Family and Children First Council (FCFC)
***Knox County Community Team
Policy & Procedure
for Parent &/or Legal Guardian Co-Payment for Services***

Effective Date: February 1, 2000; updated November 20, 2008

Policy:

Parents &/or Legal Guardians who have active cases with Knox County Community Team are required to participate, to the extent they can afford, in the financial support of the Family Team Plan developed by their individual Family Team. Knox County Community Team will provide funding assistance to children and families with a demonstrated need for special services, who are willing to participate in the planning for positive outcomes, and who are involved with multiple agencies.

Procedure:

Upon completion of the referral packet to Knox County Community Team, the Service Coordinator will give a Community Team Financial Information Sheet and a Financial Help worksheet to the Parents &/or Legal Guardians for completion. Both of these financial sheets will be attached to the Request to Community Team packet for review by Knox County Community Team.

Upon acceptance of the case by Knox County Community Team, and prior to approving funding, Knox County Community Team shall determine and indicate the amount of Parent &/or Legal Guardian financial participation to be required according to the adopted guidelines contained in the Parents &/or Legal Guardian Fee Schedule for Knox County Community Team.

After notification from Knox County Community Team of the required Parent &/or Legal Guardian financial participation, the Service Coordinator shall notify the Parent &/or Legal Guardian of their financial obligations.

The Knox Community Team Administrative Coordinator shall invoice the Parent &/or Legal Guardian of their contribution on a monthly basis and/or refer them to apply for benefits if appropriate (i.e.: SSI, Social Security, etc.).

If the Parent &/or Legal Guardian does not pay the required amount, the Knox County Community Team may request Juvenile Court intervention or may choose to terminate funding for services.

If the Parent &/or Legal Guardian disagrees with their financial obligations as determined by Knox County Community Team, the Dispute Resolution Process may be initiated.

Both the Community Team Financial Information Sheet and the Financial Help worksheet MUST be re-submitted if household income status changes.

**PARENTS &/OR LEGAL GUARDIAN FEE SCHEDULE
FOR
KNOX COUNTY COMMUNITY TEAM**

- A. All parents/guardians, excluding public agencies, will be required to contribute to the financial support of an approved Family Team Case Plan over \$500.
- B. For the purpose of the fee schedule, gross household income will be used. If the calculated contribution causes undue hardship on the family, (i.e., loss of home or vehicle, unable to pay debts, the Community Team may enter into negotiations with the family for a reduced or waived fee. Parental contributions are based on a percentage of the total plan amount, EXCLUSIVE of state cluster funding.
- C. Amounts of less than \$1.00 will be rounded to the nearest dollar (example \$56.75 would be \$57.00).
- D. Families who are unable to contribute the minimum of \$1.00 per day will be asked to provide an in-kind service for which their account with the Community Team will be credited at the rate equal to the current minimum wage.
- E. For a residential plan, the entire amount of any government assistance monies (Social Security, SSI, etc.) would not be required as a co-pay until after the first 90 days (short term placement). For long term placements (90-plus days), the entire governmental payment would be required as parental co-pay.

FEE CONTRIBUTION EXAMPLES

Example 1:

Community-based plan (non-residential):

2 overnights of respite per week at \$80/night = \$160 per week X 4 = \$640 per month
Twenty hours of mentor/week at \$10/hour = \$200 per week X 4 = \$800 per month

Total: \$1,440 per month

Minimum contribution: \$1.00 per day = \$30

Contribution at:

2%	\$28.80
4%	\$57.60
6%	\$86.40
8%	\$115.20
10%	\$144.00
12%	\$172.80
14%	\$201.60
16%	\$230.40

Example 2:

Out-of-home Placement Plan:

Therapeutic Foster Care \$100 per day X 30 days = \$3,000 per month

Total: \$3,000 per month

Minimum contribution: Not applicable

Contribution at:

2%	\$60.00
4%	\$120.00
6%	\$180.00
8%	\$240.00
10%	\$300.00
12%	\$360.00
14%	\$420.00
16%	\$480.00

Family Team Guidelines for In-Home Family Supports

revised 6/09

Respite

Respite is considered short term care to a child designed to give the regular caregiver (foster parent, providers, parent, family member) a break from daily routine care-giving (for a couple of hours or maybe a weekend) – key is “relief – “a cooling off period” – “a break” - Time away from parent/provider and child.

Depending on the level of care the child requires and the team determines, the following respite care options are available to teams:

➤ Family Chosen Provider

- Who can provide: a family member, a neighbor, etc. Requires the provider and the family to complete and sign a Waiver for Respite Services form prior to the start of the respite service. Family Chosen Providers will receive payment directly from Community Team when a Respite Payment Form is submitted.
- Rate of pay: \$8/hour for one to two children (up to 8 hours maximum of \$64 per day) or \$10/hour for three to four children (up to 8 hours maximum of \$80 per day). Adjustments will be made as necessary for additional children. Community Team recommends that the provider be at least 18 years of age. However, this may be negotiable if determined appropriate by the Family Team . If Heartland Treatment Foster Parents, DJFS Foster/adoptive parents, or other respite agencies are used, their current respite rates will be paid.

➤ The Village Network - Heartland Treatment Foster Care Contact: Heartland @ 397-7568.

- Who can provide: Foster parents licensed through their network. They have providers in Knox and surrounding counties who have provided respite for Community Team Youth.

Rate of pay: They have set rates through their network. Current (8/08) rates are \$84.30/day for a 24 hour period.

➤ Children and Family Services foster/adoptive parents - Contact:, Foster Care Supervisor 397-7177, ext. 1264.

- Who can provide: Licensed foster parents through KCDJFS/ODJFS. Occasionally, foster families waiting for a child have provided limited respite care

- Rate of Pay: Current foster care rates (probably under \$30-\$35/day) .

➤ Out - of- county respite agencies - We have used several different out of county agencies whose rates vary. The ARC charges \$130/day - 740-344-2995 and Family Youth Institute charges \$50/day -740-788-8850.

Mentor:

A one on one experience designed to make a positive difference in the life of a child by being a friend, and helping them make sound decisions in order for them to grow into competent adults.

- Rate of Pay: \$10.00/hour
- Who can provide: Currently there is no pool of pre-approved mentors available. The family may choose their own provider if the Family Chosen Provider Waiver is signed.

Child Care:

Providing care to children during hours that their parents are unable to care for them due to work, school, or other obligations. The team needs to consider this differently than respite care as outlined on page 1. The Family Team needs to determine eligibility through the KCDJFS child care program at 397-7177, ext. 1264 before requesting funding through Community Team.

If the family is ineligible for child care services through DJFS, the following can be requested through Community Team:

- **Rate of Pay:** \$3.00/hour per child
- **Who can provide:** Type B Providers through DJFS or any licensed ODJFS Child care facility may choose to provide child care on a private pay basis to the family. The family may also choose their own child care provider if the Family Chosen Provider form is completed.

One-on-One Supervision:

Providing intensive one-on-one supervision to a child to protect him/her from harm to self or others. Goal is keep child in sight of provider at times with a specific written behavior plan developed and utilized by the provider. Detailed documentation is required depending on the unique needs of the child as determined by the Family Team.

- **Rate of Pay:** Up to \$14/hour with a maximum daily rate of \$125 (to include up to 24 hours including sleep time).
- **Who can provide:** Any approved MEORC provider (from MR/DD), KCDJFS foster parent or Boys Village Treatment Foster Parent, Off-duty approved service provider (i.e. probation officer, social worker, CRC child care worker – Provider must be willing to sign Purchase of Service Agreement and be approved by the Community Team.

Tutor:

Providing education assistance to a child in one or more specific area of academic study.

- **Rate of Pay:** \$20.00/hour
- **Who can provide:** Current or former teachers, high school or college students who are associated with an established tutoring program – (i.e. Salvation Army, Big Brothers another classmate. The Family Team must approve any Family Chosen Provider for tutoring to determine the tutor's ability and experience in a tutoring situation.

For questions, contact Aimee Frye, Community Team Coordinator Coordinator, at 397-7177, ext. 1238 or email fryea@odjfs.state.oh.us.

**KNOX COUNTY
FAMILY AND CHILDREN FIRST COUNCIL**

Peg Tazewell, Chair
P.O. Box 1225
Mount Vernon, OH 43050
(740) 397-1344

110 E. High Street
Mount Vernon, OH 43050
fax (740) 397-5762

Nancy Kadunc Omahan, Ph.D.
Coordinator
(740) 397-5721 x 106

*"To promote and facilitate collaboration among community agencies
serving children and their families."*

**Knox County Community Team
FAMILY CHOSEN PROVIDER
WAIVER FOR RESPITE SERVICES**

Child(ren)'s Names:

Parent(s)/Guardian(s) Name: _____

Relationship to Child(ren): _____

Family Address: _____

Phone: _____

Provider Name: _____

Address: _____

Phone: _____ SS: _____

The parties herein agree that the family has selected the following respite provider without the recommendation and approval of Knox County Family Children First Council/Community Team. The family acknowledges that the Knox County FCFC/Community Team has no knowledge of a completed background investigation. The family assures that the selected provider shall meet the health and safety needs of the individual. The family agrees to release the Knox County FCFC/Community Team from any health or safety obligation for their chosen provider(s). The family assumes full responsibility and liability for their selection of the provider(s) listed below.

Signature of Parent/Guardian

Date

Signature of Respite Provider

Date

KNOX COUNTY FAMILY AND CHILDREN FIRST COUNCIL

Peg Tazewell, Chair
P.O. Box 1225
Mount Vernon, OH 43050
(740) 397-1344

110 E. High Street
Mount Vernon, OH 43050
fax (740) 397-5762

Nancy Kadunc Omahan, Ph.D.
Coordinator
(740) 397-5721 x 106

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Family Chosen Provider Respite Payment Form

Family Name: _____ Family Phone: _____

Provider Name: _____ Provider Phone: _____

Provider Address: _____

Date	Start Time	End Time	Total Hours x Hourly Rate	Total Amount

I verify that the above service was provided for:

(child/ren's names)

Parent/Guardian Signature

Date

Provider's Signature

Date

Return to: Aimee Frye, Community Team Coordinator, 117 East High Street, Third Floor, Mount Vernon, OH 43050.