**Transition Plan Meeting**

Directions: Utilize this form to document the Transition Plan Meeting during Family Preservation Services, and authorize an extension of services, if warranted.

Date of Meeting:  Date of Report:

Family Name:

Famlink Case ID Number: Referral ID:

Agency Providing Service:

Practitioner Name:

DCYF Caseworker:

**Meeting summary:**

**The following has been assessed:**

[ ]  The family has been successful in reaching the intervention goals.

[ ]  Further work is required to support child safety and family functioning.

Identify the frequency of contact needed to achieve remaining goals:

[ ]  There are barriers that may impact the family achieving identified service goals

Explain:

**Extended duration of FPS is recommended:** **[ ]  Yes** **[ ]  No**

Note: FPS may be extended up to six months from the date of the initial referral.

* If yes, please provide details regarding how an extension of FPS will benefit the family and support them achieving current service goals and/or articulate additional service goals (e.g. what has been accomplished, why additional time is needed, etc.):

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Authorization to be completed by DCYF Caseworker:

**Extended duration of FPS is approved:** [ ] **Yes** **[ ] No**

Date:

Caseworker Signature:

If an extended duration of FPS is recommended, but **not** approved provide justification for denial: