**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: