

Family Stability Incentive Fund
(the goal of Family Stability is to prevent out-of-home placements)

Family name: _____ Date presented: _____

Presenter: _____ Lead case mgr: _____

Other team members need to be notified of presentation

Team members: _____

A. List all household members:

Name of Household Member	Relationship	Age / DOB
	Mother	
	Father	
	Child	

B. Identifying information

Family address: _____

Family home phone: _____ Work phone: _____

Other agency involvement:

- | | |
|--|---|
| <input type="checkbox"/> Geauga County Board of MR/DD | <input type="checkbox"/> Geauga County Public Schools |
| <input type="checkbox"/> Geauga County Job & Family Services | <input type="checkbox"/> Geauga County After School Program |
| <input type="checkbox"/> Geauga County Health Department | <input type="checkbox"/> Geauga County Juvenile Court |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Ohio Department of Youth Services | <input type="checkbox"/> BVR |
| <input type="checkbox"/> Ravenwood | <input type="checkbox"/> Other: _____ |

Mental Health Diagnosis: _____

Primary presenting issue: __D/A; __Unruly behavior; __Mental Health; __Child Protective; __MR/DD; __Other

C. Write a narrative summary of the case (attach page 2). Attach other professional recommendations, if any.

D. Verbal presentation of the case. The presentation should include your request for intervention, suggestion of intervention strategies and/or recommendations.

E. Where and when? Please contact Brad to make arrangements for presentation. The Family Stability team usually meets every Thursday at 2:00 p.m. This meeting is held at the Geauga County Board of Mental Health offices.

Please make ten copies of this document and narrative summary for presentation