State of Illinois Department of Children and Family Services

Safety Plan Team Assessment Meeting Form

| Meeting Information: | Investigation Information: | |
|----------------------|----------------------------|--|
| Case Name: | Hotline Report Date: | |
| SCR Number: | Initial CERAP Date: | |
| Current Safety Plan: | Initial Safety Plan Date: | |
| Meeting Facilitator: | | |
| Meeting Date/Time: | | |
| Meeting Location: | | |
| | | |

| Individuals Attending Meeting | | | | | |
|-------------------------------|------------------------|------------------------|----------|--|--|
| Attendee Name | Contact Information | Family Relationship | Comments | | |
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| Individuals NOT Attending Meeting | | | | | |
|-----------------------------------|------------------------|------------------------|--------------------------------|----------|--|
| Invitee Name | Contact Information | Family Relationship | Relationship to Safety Plan | Comments | |
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| CASE NAME: | | |
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Safety Plan Team Assessment Meeting Form

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(Please include strengths of family. Note if anyone attended only part of the meeting.

Note any risk or safety issues.

| | | | Page 2 of 4 |
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| CASE NAME: | | | |
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Safety Plan Team Assessment Meeting Outcomes

(Please include strengths of family. Note if anyone attended only part of the meeting.

Note any risk or safety issues.

| SE NAME: | | |
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CASE NAME: _

State of Illinois Department of Children and Family Services

Safety Plan Team Assessment Meeting Form

Safety Plan Team Assessment Meeting – Signature Page

I WILL SUPPORT THIS PLAN: **Relationship / Title** Signature Date Signature **Relationship / Title Date** Signature **Relationship / Title Date** Signature **Relationship / Title** Date Signature **Relationship / Title Date Relationship / Title** Signature **Date** Signature **Relationship / Title** Date Signature **Relationship / Title Date** Signature **Relationship / Title** Date Signature **Relationship / Title** Date **Relationship / Title** Signature Date **Signature Relationship / Title Date** Signature **Relationship / Title** Date Signature **Relationship / Title Date** Signature **Relationship / Title** Date Signature Relationship / Title Date