

TLC Screening Form

Name:

SS #:

Case #:

Is parent on cash aid?

Yes

No

If yes, E.W.

If yes, has he/she been referred to Employment Services?

Participating

Exempt

Sanctioned

If yes, ETW

Were they on cash aid prior to children being taken? Yes No

If yes, does parent want AB 429 services? Yes No

Other information:

Screener

Date

EW/ETW concerns: (are they compliant, how long, appearance, contact with children, etc.)

Please return to _____ within three working days

TEH TLC-1

white copy to CPS

yellow copy to EW

pink copy to ETW

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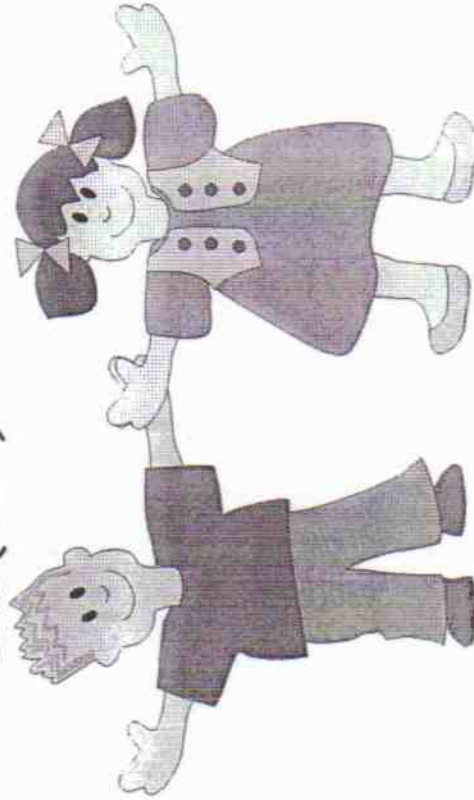
yellow copy to EW

pink copy to ETW

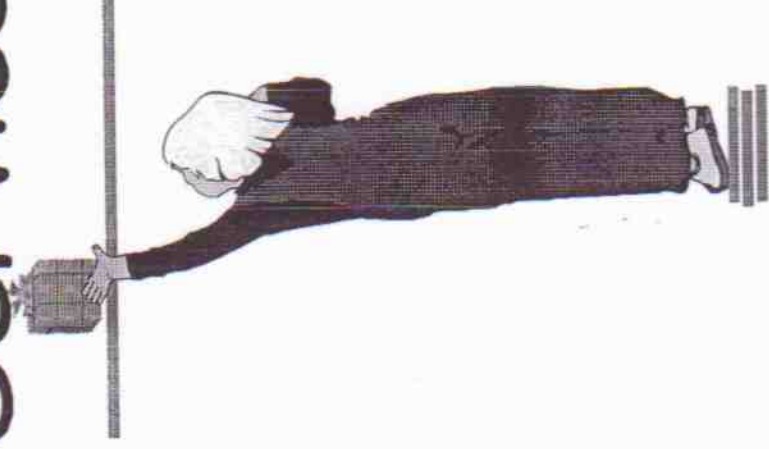
These Services are available for up to 180 days, (six months), while you are ineligible for cash aid. They may be extended for good cause after an eligibility redetermination.



If you are interested in services that may be available to you, please talk with your worker or call (530) 527-5476.

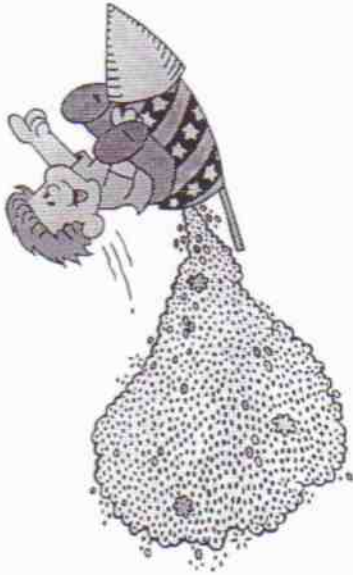


A.B. 429 Services



Give your child a gift of a self sufficient and safe family.

Child Welfare Services and CalWORKS Employment Services are working together to help families achieve self-sufficiency and ensure child safety and well-being.



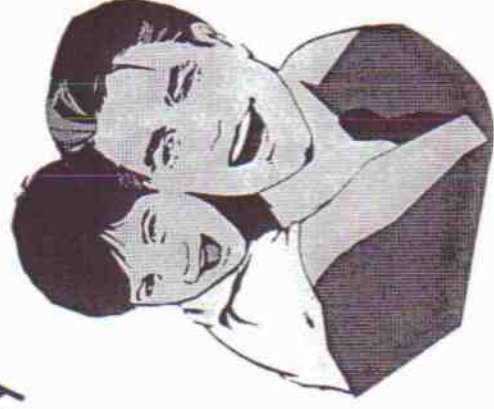
Although TANF cash aid is not available, there are other services available.

In order to help you become self sufficient and to provide your children a safe home, you may continue to receive services from CalWORKs Employment Services. To make this successful, this will be a joint effort including you, your employment and training worker and other agencies you are working with.

These services must be necessary to help you reunify with your children.

Possible Services:

- ✕ Case Management
- ✕ Transportation help
- ✕ Child care for children in your home
- ✕ Ancillary (other expenses)
- ✕ Parenting classes
- ✕ Life Skills classes
- ✕ Support groups
- ✕ Job Search services
- ✕ Mental Health therapy
- ✕ Drug and Alcohol Services
- ✕ Domestic Violence Victims Advocacy



TLC Fiscal Case Plan

Parent Name: _____

WTW Case ID#: _____

Children: _____

Notes: _____

Case Plan Components

	Start Date	End Date	CWS/FC	CalWORKs	
Counseling/Therapy					
Child w/			<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent w/			<input type="checkbox"/>	<input type="checkbox"/>	_____
Family w/			<input type="checkbox"/>	<input type="checkbox"/>	_____
Domestic Violence					
ATV			<input type="checkbox"/>	<input type="checkbox"/>	_____
Other			<input type="checkbox"/>	<input type="checkbox"/>	_____
Transportation					
Gas Cards			<input type="checkbox"/>	<input type="checkbox"/>	_____
TRAX Tickets			<input type="checkbox"/>	<input type="checkbox"/>	_____
Car Repairs			<input type="checkbox"/>	<input type="checkbox"/>	_____
Milage			<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug and Alcohol					
Edu. Materials			<input type="checkbox"/>	<input type="checkbox"/>	_____
Residential @			<input type="checkbox"/>	<input type="checkbox"/>	_____
Parenting					
In Home			<input type="checkbox"/>	<input type="checkbox"/>	_____
Classes			<input type="checkbox"/>	<input type="checkbox"/>	_____
Household					
Rental Deposit			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Card			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Vouchers			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care					
Provider			<input type="checkbox"/>	<input type="checkbox"/>	
Other Services					
			<input type="checkbox"/>	<input type="checkbox"/>	

Social Worker _____ Date: _____ ETW _____ Date: _____

SW Supervisor _____ Date: _____ ETW Sup. _____ Date: _____

CWS Client Expense
Questionnaire

Date _____

Case name _____

Amount Requested _____

1. What is the expense for which the client is seeking assistance?

2. Is this the first time the Department has paid this expense? Yes No

3. Alternative resources investigated: _____

4. Does the client receive cash aid? Yes No
If yes, what do their benefits consist of (e.g. Food Stamps, TANF, Homeless Assistance, etc.)?

When did they last receive aid? How much did they receive?

5. Is the client in Employment Services? Yes No

6. Has the department paid for other expenses, besides transportation? Yes No
If yes, describe previous expenses and amounts paid by Department. _____

7. Is this an ongoing expense? Yes No

8. How did the client pay this expense in the past? _____

9. Why is the client unable to pay this expense? _____

10. Is Support Staff assigned to help client with budgeting? Yes No

11. What is the impact if the expense is not paid? _____

SW Supervisor _____

RESIDENTIAL TREATMENT RECOMMENDATION

(To be completed by Drug/Alcohol Services)

Participant name: _____

Residential treatment necessary before participant can engage in work/work readiness activities? Yes No

Recommended treatment facility: _____

Expected start date: _____

Expected completion date: _____

Cost: _____

Comments:

DAC signature: _____ Date: _____

Drug/Alcohol Supervisor sign off: _____ Date: _____

(To be completed by CalWORKs)

ETW sign off: _____ Date: _____

Program Manager sign off: _____ Date: _____

Comments:

TEAM DECISION MAKING (TDM) REQUEST

For TDM Scheduler Use ONLY

TDM Scheduled For:

DATE: _____ TIME: _____ Location: _____ Facilitator: _____

Today's Date: _____ Requesting/Case-Carrying Social Worker: _____

Case Name: _____ Case Status: FR FM PP VFR VFM

Focus Child(ren)/Siblings:

State Adoptions Referral Made

Name: _____	DOB: _____	Invite to TDM: Y / N	Name: _____	DOB: _____	Invite to TDM: Y / N
Name: _____	DOB: _____	Invite to TDM: Y / N	Name: _____	DOB: _____	Invite to TDM: Y / N
Name: _____	DOB: _____	Invite to TDM: Y / N	Name: _____	DOB: _____	Invite to TDM: Y / N

Type of TDM/Reason for Meeting: _____

Imminent Placement/Risk of Removal Emergency Placement Placement Change/Disruption Exit from Placement

**If Emergency Placement TDM ⇒ Date of removal: _____ Date Petition Filed: _____

**If Emergency Placement or Imminent Risk TDM ⇒ Referral Number: _____

Timeline – By when must the TDM be scheduled/held: _____

Are there any safety concerns in bringing this group together? History of DV? Restraining order in effect? Yes No

Special Considerations/Other Needs: _____

e.g. wheelchair/disabled access, translation/language, transportation, phone access to jail/other conference call arrangements needed? We cannot offer childcare, please remind participants to make their own arrangements.

Preferable Meeting Location/Area: _____

*Preferable for family/maximum attendance. Please consider community locations, such as Frontier Village or one of the Family Resource Centers whenever possible. If DV /Safety concerns are present the meeting will be held at TCDSO offices.

****Social Worker will bring and be prepared to discuss recommendations from a current SDM (within the last 6 months) at the TDM.**

SCHEDULING OPTIONS/RESTRICTIONS

Please indicate 3 possible dates/times that are good for both the Social Worker and Supervisor. When requesting a TDM the Social Worker should discuss the TDM with the foster and birth parents and inquire of them as to their availability to attend a TDM and include any of their scheduling information/restrictions, if known, below.

Option 1: _____ Option 2: _____ Option 3: _____

Other Scheduling Information/Restrictions: _____

PARTICIPANTS/INVITEES –

Please list the individuals, other than the Social Worker and Supervisor, that should be invited to the TDM. Birth parent participation is strongly encouraged! Please consider including foster/relative caregivers, siblings, extended family members, service providers, community representatives, therapists/counselors, teachers and/or the Foster/Homeless Youth Services Coordinator whenever appropriate. However, please be mindful not to unbalance the room with more professionals/service providers than family. Remind the birth parents that they are free to invite support persons.

#	Name	Relationship to Case/Family	Contact Information	Scheduling Notes (TDM Clerk Use ONLY)
1				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
2				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
3				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
4				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
5				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
6				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
7				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
8				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
9				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer
10				<input type="checkbox"/> Will Attend <input type="checkbox"/> Will try to attend / Unsure <input type="checkbox"/> Won't attend / Unavail <input type="checkbox"/> Left Message / Not Ref'd <input type="checkbox"/> No Answer

SCHEDULING NOTES - FOR TDM SCHEDULER USE ONLY

DATE: _____ TIME: _____ LOCATION: _____

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF TDM: Residential Commercial Industrial

REASON FOR TDM: _____

DATE OF TDM: _____

TIME OF TDM: _____

LOCATION OF TDM: _____

NAME OF TDM: _____

PHONE OF TDM: _____

ADDRESS OF TDM: _____

CITY OF TDM: _____ STATE OF TDM: _____ ZIP OF TDM: _____

TYPE OF TDM: Residential Commercial Industrial

REASON FOR TDM: _____

DATE OF TDM: _____

TIME OF TDM: _____

LOCATION OF TDM: _____

NAME OF TDM: _____

PHONE OF TDM: _____

ADDRESS OF TDM: _____

CITY OF TDM: _____ STATE OF TDM: _____ ZIP OF TDM: _____

Scheduling Completed By (Initials): _____ On (Date): _____

TDM Cancelled
Reason: _____

TDM Rescheduled
If Yes, For (Date): _____ By (Initials) _____ On (Date): _____

TDM Paperwork Returned from Facilitator/Entered into CWS/CMS - Initials & Date: _____

TDM Entered into CWS/CMS - Initials & Date: _____

TDM Entered into ETO - Initials & Date: _____

Values, Goals & Outcomes

TDM is one of four core strategies of the Family-to-Family initiative. Family-to-Family, and the Tehama County Department of Social Services are committed to improving outcomes for children in out-of-home care. We believe family inclusion in the case planning process is integral to their success based on the principles that:

- Children need families.
- Families need the help of strong, nurturing communities.
- Child welfare agencies are more able to help children and families when working together.

Together, with you and our community, we are striving for successful outcomes for our children, including ensuring that:

- Children are safe with their families.
- Children are able to stay in their own schools and communities, even if out-of-home placement is necessary.
- Children are placed with extended family or friends when the birth family is not an immediate option.
- Siblings are placed together whenever possible and appropriate.
- Children experience the least number of placement moves possible.

Family-to-Family is an initiative of the Annie E. Casey Foundation.

Your Team Decisionmaking Meeting

We appreciate your willingness to participate on short notice.

Date: _____

Time: _____

Location: _____

Social Worker: _____

Social Worker's Phone: _____

Guidelines for an Effective Meeting

- All participants contribute to the process, being direct, honest and respectful of others.
- Each participant will have the opportunity to be heard.
- Participants make a commitment to support the decision made, even if the consensus of the group is not unanimous.

TEHAMA COUNTY DEPARTMENT
OF SOCIAL SERVICES
CHILD WELFARE

PO Box 1515
310 S. Main Street
Red Bluff, CA 96080

Phone: 530-527-1911
Fax: 530-527-7640

Team Decisionmaking (TDM)

Family & Youth Participation in Case Planning

TEHAMA COUNTY DEPARTMENT OF SOCIAL SERVICES
CHILD WELFARE

Child Welfare Offices 530-527-1911
TDM Scheduling 530-528-4152



Team Decisionmaking

What is TDM?

TDM is a meeting that:

- Brings together people who are interested in and care about the family.
- Is held to ensure that the best possible decision is made regarding a child's care and placement.
- Focuses on the safety and needs of the child and family, as well as preservation of community and family connections.

When does a TDM occur?

A TDM occurs when:

- A child's safety or well-being in the home is of concern & the child is at risk of being removed.
- A child has been removed from their own home.
- A child is in out-of-home care and a change in placement is required, requested or being considered.
- A child is soon to be reunified with their family/guardian or otherwise exit out-of-home care.



Who attends a TDM?

- Parents/Guardians/Family Members
- Child/Youth, as appropriate
- Resource/Foster Parents
- People who support the family
- Social Workers & Supervisors
- Community Representatives
- Service Providers
- TDM Facilitator
- Others identified by the family or Social Worker

What happens at a TDM?

Meetings are 1-2 hours maximum. A trained facilitator guides the meeting process, which includes:

- Introduction
- Establishment of meeting guidelines
- Identification of:
 - The child's strengths and needs
 - The family's strengths and needs
 - Available community resources
- A plan for the child's immediate safety
- Placement options

What are the benefits of a TDM meeting?

Better placement decisions are made because:

- Broader participation, such as by parents, extended family and community members leads to creative ideas and workable solutions.
- People and places important to the child are acknowledged and respected.
- Parents/Guardians are involved in the decision-making.
- More information becomes available and valuable information about the child is shared.
- Children are more likely to remain with family, at their school, and in their community.



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