

GENERAL INFORMATION			
<b>First Name:</b>	<b>Last Name:</b>	<b>Preferred Name:</b>	<b>RIN:</b>
<b>Parent / Guardian:</b>	<b>Facilitator / Care Coordinator:</b>	<b>Family Peer Supporter:</b>	
<b>Addendum to the Child &amp; Family Team Meeting held on:</b>			
1. SUCCESS & PROGRESS			
Summarize the successes and progress of the youth and family.			
2. UNMET NEEDS			
Describe any unmet needs for the youth and family.			
3. ONGOING SERVICES & SUPPORTS			
Identify and describe any ongoing services and supports (formal or informal) that will assist in meeting the continued needs.			
4. CAREGIVER SELF-CARE			
Describe the plan for ongoing self-care for the caregiver(s), including resources, supports, and activities.			

