

**TDM Referral Questions - Please complete all HIGHLIGHTED fields**

TDM Date & Time: \_\_\_\_\_ TDM Location: \_\_\_\_\_

Facilitator: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Scheduling Notes: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Social Worker & #: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Culture/Ethnicity: \_\_\_\_\_ Interpreter Needed:  Yes  No Language: \_\_\_\_\_

**Service Category:** Choose an item. (We contact interpreters on the approved County interpreter list. If interpreter is not available, you will be informed and will be responsible for finding someone to interpret for the meeting.)

Child's Name	DOB	Child/ren will attend:
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Childcare is no longer provided by the JDM unit. If childcare is needed, please arrange with a SW1 or have family make other arrangements. NO children under 12 are allowed in the meeting.)

Childs Current Placement Type: **Choose One**

Caregiver's Name: \_\_\_\_\_ Potential Placement: \_\_\_\_\_

If Relatives are potential placement, do they reside in Santa Clara County?  Yes  No  
Where?

**Child's Factors**

High Risk Youth (Chronic Runaway)?  Yes  No If yes, date of runaway and previous placement.

Is this a Commercially Sexually Exploited Child?  Yes  No Sexual Abuse?  Yes  No  
(Historically known as prostitution, but can mean any child who is engaging in the exchange of sex for money or goods.)

Major Gang Involvement?  Yes  No Assaultive Behavior or Extreme Conflict?  Yes  No

Safety Concerns?  Yes  No Security Needed?  Yes  No

Substance Abuse?  Yes  No Type of drug?

Mental Illness?  Yes  No Diagnosis?

**Parent's Factors**

Substance Abuse?  Mother  Father Type of drug?

Mental Illness?  Mother  Father Diagnosis?

DV Issues?  Yes  No Date last DV incident? Restraining/Procetion Orders?

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Separate TDM needed?  Yes  No (Required for "No Contact" & "Peaceful Contact" orders)

**SERVICE PROVIDERS TO BE INVITED**

**LACY, Mental Health and Matching/Adoptions Coordinator** are notified for all TDMs.

**Parent Advocates** are notified for all FR cases.

- Placement Unit Needed?  Yes  No
- Educational Rights Advocate?  Yes  No
- Domestic Violence Advocate?  Yes  No
- Risk Coordinator?  Yes  No
- Relative Support Team?  Yes  No
- Resource Support Team?  Yes  No
- Non-Minor Dependant?  Yes  No
- LGBTQI?  Yes  No

**Invitees**

**Name**

**Affiliation/Relationship**

**Phone #**

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Parent(s) invited to TDM?  Yes  No If No, please explain why:

Parent(s) attending to TDM?  Yes  No If No, please explain why:

**For 7-day Notice TDM, please provide the following information:**

7 – day Notice received on:

Initial removal date:

Re-Entry date(s), if applies:

Number of placements, including Receiving Center/Shelter placements before Sept. 30, 2009:

TDM Purpose (be *specific*, state behaviors & events that affected placement):

Additional Information: