## **WASHOE COUNTY HUMAN SERVICES AGENCY**

## **REUNIFICATION TRANSITION MEETING SUMMARY**

FAMILY CASE:	# OF CHILDR	EN: CASE #:	DATE & TIME:	1	MEETING TYPE:	Transition
PERMANENCY WORKER	NAME:	FACILITATOR:		prior to meeting worker fills out blue section (highlighted team members are mandatory to attend meeting)		
TEAM, VISITATION and LEGAL PROCESS INFORMATION:		SAFETY CONCERNS / FAMILIAL WELL- BEING NEEDS:		TRANSITION NEXT STEPS:		
Team Members Worker: Resource Family: Family: CASA: Child Attorney: Mentor: PLR: Probation Officer: WIN: Safety Plan Provider: Other:  Child routines & Interest Meeting Attendees:	t provided.	When children move to a new placement, their behaviors can be expected to regress, and needs increase due to the stress of this change. Additionally, we recognize that everyone involved has important relationships that should be nurtured and maintained during and after transitions. The child(ren), biological family and resource family's needs will all be addressed during this meeting. Caseworkers will notify all medical provider as well as school and daycares about the transition.  Children's needs:  Youth Name (Age, DOB)  Medical/Dental:		The recommended plan for transition is:  This may change based on how the child(ren) are handling the transition and the home readiness. There also can be more than three visits before a transition. After each visit resource parent and biological parent should provide updates to your worker.  Important upcoming events:  First visit:  Date: Transportation:  Time: Attendance:		
Current visitation schedu	ıle:	Emotional/Mental Health Developmental/Educatio		Second visit:  Date:	Transportati	ion:
Current sibling visitation schedule:		Medicaid:		Time:	Attendance	:
CPS legal process:  1. Permanency Plan: 2. Next court hearing: 3. Team meetings:		Upon the child returning home to parental care, a placement letter will be provided to the parents. The parents will need to take that letter and provide it to the Welfare offices to place the children on to their welfare care to		Third visit:  Date:  Time:	Transportati Attendance:	

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continue Medicaid Coverage. WCHSA's Medicaid coverage will end the last day of the month the child is placed.

### Safety needs:

Services	Next appointment
Primary Doctor:	
Dentist:	
Vision:	
Therapy:	
Medication refills:	
Other:	

School / Daycare	
Current School:	
Future School:	
IEP/ 504 meeting	
Transportation	
Do teachers/staff know	
about the transition	
Developmental provider	
notified	

Family needs - Parents Name(s):

Services surrounding the family:

Respite/other supports:

Resource Family's needs – Resource Name:

**Services Surrounding the resource family:** 

Farewell Plan (photos/Lifebook):

**Future Contact:** 

#### **Tentative Placement Date:**

- Transportation:
- Child Belongings:

## After the child(ren) are placed:

(Worker) will provide the biological parents with placement letter and will assist with other documentation needed (birth certificate, Social Security Card, Medical records, Medicaid, food stamps)

Next Meeting: can be set as needed.

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