

MAT CASE NAME DCFS CASE# MAT REF#
MULTIDISCIPLINARY ASSESSMENT TEAM
SUMMARY OF FINDINGS* REPORT

DCFS REFERRAL INFORMATION

Case and Child Information

Removal Reason: Removal Date:
Language: MAT Referral Date:
Ethnicity:
MAT Child's Full Name DOB Age
1.
2.
3.
4.
5.
Are the child and his/her siblings currently placed together? [] Yes [] No [] N/A
DCFS MAT Coordinator: CSW: CSW Phone:

MAT Provider Agency Acceptance Verification

MAT Provider Agency: Agency Telephone #:
MAT Case Manager Name: Case Manager Telephone #:
MAT Assessor Name: Assessor Telephone #:
MAT Referral Accepted By: MAT Acceptance Date:
MAT SOF Team Meeting Date: Final SOF Report Completed Date:

ASSESSMENT OVERVIEW

Persons Interviewed in addition to MAT Children :
[] Other Sibling(s) [] Other Children in the Home [] Current Caregiver
[] Mother [] Father [] Other Parent
[] ISW [] CSW [] DI
[] Other Relatives: [] Alternate Caregiver(s): [] Other :
[] Public Health Nurse

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ENGAGEMENT OVERVIEW

Describe the child(ren)'s, family's, and caregiver's engagement in the assessment process. (Note the level of cooperation, willingness to share pertinent information, efforts to engage family, and barriers to response.)

FAMILY CONTEXTUAL SUMMARY

Describe the functioning of the family from whom the child was detained: (Include information regarding factors impacting family's ability to meet child's needs, level of concern for the child(ren)'s well-being, etc. Include the family's support system and significant life events or issues, if applicable, that may impair functioning such as mental health, loss, immigration, poverty, DV, substance abuse, culture, religious connection, etc.)

VISITATION FINDINGS FOR THE FAMILY

Current court-ordered visitation plan:

Actual visitation occurring (include frequency and length of visits, observations and collateral reports regarding interactions between family and child(ren):

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3. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): **Address:** **Telephone #:**

- 1)
- 2)

Linkage/ Status:

4. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): **Address:** **Telephone #:**

- 1)
- 2)

Linkage/ Status:

Please list any additional information, needs, resources, referrals, or barriers to accessing referrals:

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CHILD CONTEXTUAL SUMMARY

Child's Name:	Gender:	Child's Age:
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Describe this child's interpersonal functioning. (Include information regarding multiple placements since detention, relationships with parents/caregivers, siblings, extended family members, peers, natural supports, etc.):

Changes in this child's placement since detention (include available information regarding child's functioning in previous placement, reasons for change, length in each placement, and child's reaction to changes):

Describe this child's mental health functioning:

Describe this child's physical health (include vision/hearing):

Describe this child's dental health:

Describe this child's developmental functioning/status (include language, self-care, gross/fine motor, adaptive skills, etc.):

Describe this child's educational functioning:

Describe this child's interests and/or vocational functioning (if applicable):

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FINDINGS FOR CHILD

Indicate any services and service Providers that are currently in place.

Child's Name:

Gender:

Child's Age:

Strengths of the child:

1. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): Address:

Telephone #:

- 1)
- 2)

Linkage/ Status:

2. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): Address:

Telephone #:

- 1)
- 2)

Linkage /Status:

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Child's Name:	Gender:	Child's Age:
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3. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): **Address:** **Telephone #:**

- 1)
- 2)

Linkage/ Status:

4. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): **Address:** **Telephone #:**

- 1)
- 2)

Linkage/ Status:

Please list any additional information, needs, resources, referrals, or barriers to accessing referrals:

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**ALTERNATE PLACEMENT
(PROPOSED RELATIVE/NON-RELATIVE CAREGIVER)**

List Identified Alternate Caregivers

Name: Relation to child:

Location/ City : Telephone #:

Identified by:

List Identified Alternate Caregivers

Name: Relation to child:

Location/ City : Telephone #:

Identified by:

List Identified Alternate Caregivers

Name: Relation to child:

Location/ City : Telephone #:

Identified by:

Final Comments or Observations *(may be from Summary of Findings Meeting, pending moves, other new information):*

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MULTI-DISCIPLINARY ASSESSMENT TEAM (MAT) SUMMARY OF FINDINGS MEETING PARTICIPANTS

Understanding of Confidentiality

We may be discussing some sensitive issues and ask that you respect the family’s right to privacy. It is important that you agree to abide by the rules of confidentiality. Information about minor children is confidential by law. Anything discussed during the meeting must not be repeated, either directly or indirectly, outside of the meeting, except by DMH staff, DCFS staff and service providers in the course of implementing the plan and reporting to the Court.

At the Multi-Disciplinary Assessment Team Summary of Findings Meeting on _____ (date), the following individuals were present and had the opportunity to provide input into the development of this Summary of Findings Report. Attendance and the agreement to the confidentiality statement are confirmed by the signature of the individuals on this document.

Print Name: _____ Relationship to Child/Agency: _____
Signature: _____ Telephone #: _____

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