



### Williams County Dispute Resolution Intersystem Review Assessment

County: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

School District: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Medicaid Eligible: Yes No Medicaid Provider: \_\_\_\_\_

Current Child and Family Team Members:	Relationship (Agency/Organization)
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Team Barriers to Functioning: \_\_\_\_\_

Child's Mental Health Diagnosis: \_\_\_\_\_

Mental Health Assessment Attached: Y N Date Completed: \_\_\_\_\_

Other Assessments Completed: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physician/Psychiatrist: \_\_\_\_\_

Physical/Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Current Services Being Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exhausted Community Resources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Needs of Youth/Family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available Resources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Barriers for the Youth/Family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desired Outcome for the Youth/Family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Placement History:

Dates of Placement:

Location of Placement:

Provider(s) of Funding

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Criminal History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mental Health Treatment History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Significant Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Coordination Team Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FCFC Coordinator Completes the Following:**

Date of FCFC Executive Committee Review: \_\_\_\_\_

FCFC Executive Committee Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Written Resolution Issued to Family/Agency: \_\_\_\_\_

\_\_\_\_\_  
Williams County FCFC Coordinator Signature

\_\_\_\_\_  
Date