

ATTACHMENT E

Erie County Family & Children First
Monthly Placement /Clinical Committee Review

- Placement Review
- Clinical Committee Review

Youth's Name: _____ Date Of Birth: _____

Placement: _____ Date Of Placement: _____

Length in Placement at time of Review: _____

Number of Team Meetings/Visits Made at the time of Review: _____

Expected Date of Discharge: _____

Briefly describe youth's status, progress toward(placement) goals, and steps being taken to maintain/return youth to Family/Community:

Briefly describe family status, progress toward (placement) goals, and steps being taken to Maintain/return youth to Family/Community:

Briefly describe in-county service/provider status, and steps being taken to maintain/return youth to Family/Community (Have there been any changes in Erie County that will allow the youth to maintain/return to the community?) **RECOMMENDATIONS:**

Date Presented to Team: _____

Date of Next Review: _____

Staff Presenting Case: _____

