



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Child and Family Team (CFT) Care Plan

YOUTH'S NAME	ADSA
MEETING LOCATION	DATE

FAMILY VISION

TEAM MISSION

Meeting invitations and attendance

NAME OF PERSON AND ROLE / RELATIONSHIP	ACCEPTED	DECLINED	ATTENDED	NAME OF PERSON AND ROLE / RELATIONSHIP	ACCEPTED	DECLINED	ATTENDED
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Reports on File

- | | | | |
|--|----------------|--|----------------|
| <input type="checkbox"/> Behavior Support Plan | Last received: | <input type="checkbox"/> Other DDA Service | Last received: |
| <input type="checkbox"/> Behavior Plan Progress Report | Last received: | <input type="checkbox"/> Other Mental Health | Last received: |
| <input type="checkbox"/> School / IEP | Last received: | <input type="checkbox"/> Other (explain below) | Last received: |

COMMENTS / FOLLOW-UP

Notable updates since last visit (celebrations, changes in medication, behavior, etc.)

What are some of the current needs of the youth, family, and team members?

What DDA Waiver Services are being utilized?

Are additional waiver services being requested? If yes, what services and is any supporting documentation needed?

Action Items

RESPONSIBLE PERSON	ACTIVITY TO BE COMPLETED	DUE BY (DATE)

Service Planning

PLAN YEAR		PRIOR APPROVALS	
Start date:	End date:	TYPE	EXPIRES
Respite balance:	hours		