Washington State Department of Social & Health Services
Transforming lives

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
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐

Provider Reports on File

☐ Behavior Support Plan	Last received:	☐ Other DDA Service	Last received:
☐ Behavior Plan Progress Report	Last received:	☐ Other Mental Health	Last received:
☐ School / IEP	Last received:	☐ 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	
	TYPE	EXPIRES
Start date: End date:		
Respite balance: hours		