BROWARD SHERIFF’S OFFICE

Child Protective Investigation Section ( Circuit 17)

MULTI-SYSTEM STAFFING TEAM- MSST- VULNERABLE TEENS

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| **FSFN # :** | **Date Report:** |  | **Date Staffing:** | |  |
| **CPI:** | **Desk: (****954)** | **Cell #: (954)** | | **Email:** **@sheriff.org** | |
| **CPI Sup.:** | **Desk: (954)** | **Cell #: (954)** | | **Email:       @sheriff.org** | |
| **1. ALLEGATIONS from INTAKE REPORT:** | | | | | |
|  | | | | | |
| **2. Family, Child & overall Safety Assessment:** | | | | | |
|  | | | | | |
| **3. DEMOGRAPHICS** | | | | | |

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| --- | --- | --- | --- | --- |
| **Youth’s Fist and Last Name:** | **DOB :** | **GENDER :** | **HEALTH INSURANCE & Social security number:** | **SCHOOL and Grade:** |
| **Parent/ Caregiver’s first & Last name:** | | **Phone number :** | |  |
| **Home address:** | | **City:** | | **Zip Code:** |
| **Other household members: (** siblings /relatives/ ) | |  | |  |
| **Name:** | | **DOB:** | |  |
| **Name :** | | **DOB:** | |  |
| **Does case involve person(s) needing communication assistance?  Yes  No *If Yes, who:*  Youth  Mother  Father**  **Check all applicable:  Deaf or hard of hearing  Visually impaired  Limited English Proficiency** | | | | |

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| **4. Youth general information** |

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| --- | --- | --- | --- |
|  | **Y** | **N** | **COMMENTS** |
| **Prior history of abuse/neglect:** |  |  |  |
| **DJJ involvement:** |  |  |  |
| **Human Trafficking history :** |  |  |  |
| **Current or past Services/ Providers:** |  |  |  |
| **Current or history of Mental Health: diagnosis***/ medication***.** |  |  |  |
| **ESE Student?** |  |  |  |
| **Ran away ( current or past):** |  |  |  |

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| **5. FAMILY DYNAMICS: (** *prior history of family violence/ how the adults and minors interact/how parents deal with crisis or conflicts/* parents’ protective capacities/ ) |
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| **6. COMMENTS : (** *additional information***)** |
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MULTI-SYSTEM STAFFING TEAM (MSST) VULNERABLE TEENS

FSFN intake number:\_\_\_\_\_\_\_\_\_\_ Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

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| **7. RECOMMENDATIONS: (** *recommendations discussed during staffing***)** |
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**Participants multi-disciplinary staffing: My signature bellow indicates that I attended & participated in the above noted multidisciplinary staffing and assessment. The confidentiality of all information, discussion and/or records referenced in this staffing is pursuant to FS 39.202. No notations or recording from this staffing may be taken, unless the entity has prior authorization by the CPI and supervisor based on their permitted access due to being an authorized provider who has been granted charge of intervention or prevention services in the case.**

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| **AGENCY** | **PRINT NAME** | **SIGNATURE** |
| BSO CPI Supervisor |  |  |
| BSO CPI Investigator |  |  |
| DJJ |  |  |
| Henderson Behavior Health |  |  |
| Smith Community Mental Health Center |  |  |
| Child Net |  |  |
| Child Net |  |  |
| Child Net |  |  |
| Child Net |  |  |
| Other |  |  |
| Other |  |  |
| Other |  |  |
| Other |  |  |