



Child & Family Team (CFT) Meeting Attendance Log

Please complete one form each time the CFT meets

*denotes required field

Member Name*

Date of Birth*

Age

Medicaid ID*

Meeting Details:

Meeting Type

Status

Reason

Meeting Date*

Start Time

Duration

Location

Address

Meeting Attendee List

Name*		Relationship	Organization/ Role*	Phone
Will Attend	Attended	Requested by Family	Provided Input	Comments
Name*		Relationship	Organization/ Role*	Phone
Will Attend	Attended	Requested by Family	Provided Input	Comments
Name*		Relationship	Organization/ Role*	Phone
Will Attend	Attended	Requested by Family	Provided Input	Comments
Name*		Relationship	Organization/ Role*	Phone
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