**Family Network Meeting Minutes and Plan**

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| **Name(s) of Children** | **Date of Birth** | **Mosaic Number** |
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| --- | --- |
| **Date of Meeting:** |  |
| **Venue of Meeting:** |  |

**Attendees/Family Network:**

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| --- | --- | --- |
| **Name:** | **Relationship to Child/ren** | **Address/Telephone/Email** |
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**Why we are having this meeting? Why children’s services are concerned; what are the risks for the children?**

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**What we as the family network need to address**

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**How we as the family network will support**

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**Any other comments or information that the family wish to be recorded:**

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**Family Action Plan**

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| **Action:** | **By Whom** | **Date** |
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**Date for Review Family Network Meeting**

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**Signature of those agreeing this plan:**

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| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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