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| **CONSENSUS & CONSENT TEAM MEETING VERIFICATION FORM** |

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| Date of Referral |  |
| Date of CCT |  | Start Time |  | End Time  |  |

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| **CURRENT BEHAVIORAL SERVICES & COMMUNITY SUPPORTS THE FAMILY IS INVOLVED WITH** |
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| **CCT ATTENDANCE** |
| NAME | CONNECTION TO YOUTH/FAMILY | HOW DID THIS PERSON PARTICIPATE (In person, via video, via telephone) |  |
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|  |  |  |  |
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| **CCT OUTCOME**  |
|  \_\_\_\_\_\_\_\_\_\_ Enrolled |  \_\_\_\_\_\_\_\_\_ Youth/Family Declined  |
| \_\_\_\_\_\_\_\_\_\_ Decision Delayed | \_\_\_\_\_\_\_\_\_\_ Other, please describe. |

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| Person Facilitating CCT:  |  |  Job Title |  |