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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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| **CCT OUTCOME** | |
| \_\_\_\_\_\_\_\_\_\_ Enrolled | \_\_\_\_\_\_\_\_\_ Youth/Family Declined |
| \_\_\_\_\_\_\_\_\_\_ Decision Delayed | \_\_\_\_\_\_\_\_\_\_ Other, please describe. |

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| Person Facilitating CCT: |  | Job Title |  |