

**Montgomery County**  
**Human Services Planning & Development Department**

*FCFC Service Coordination Family Team Meeting Invitation*

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

You are invited to participate in a Family Team Meeting being held for:

**Name:** \_\_\_\_\_

*Family team meetings are dedicated to looking at the strengths and needs of this child and family and developing a comprehensive individualized plan. This team will provide ongoing support to this family to assist them in becoming successful. Please bring with you any information that you feel would be beneficial.*

A team meeting for this family is scheduled on:

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

*If you cannot attend this meeting, please contact me at:* \_\_\_\_\_

I look forward to working with you in the best interest of this child and family.

Sincerely,

\_\_\_\_\_