

Child's Last Name:	Child's First Name:	LINK #:	Person ID #:
Child's DOB:	Child's Race (as noted in LINK):	Child's Ethnicity (as noted in LINK):	
DCF Social Worker:	DCF Office:		
PPT Member Last Name:	PPT Member First Name:	PPT Member Signature:	

**Name of Families Presented for Teaming**

- 1.
- 2.
- 3.
- 4.
- 5.

**Please Select Your Top Two Choices for This Child**

FIRST CHOICE: Name of Family and Reasons for your selection:

SECOND CHOICE: Name of Family and Reasons for your selection:

**Other Families that were considered, but not selected**

- |   |
|---|
| Family Name:<br>Provide a brief explanation why this family was not selected: |
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