

**Arkansas Department of Human Services  
Division of Children and Family Services**

**Invitation To Family-Centered Meeting**

Names of Family Members: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Meeting Time: \_\_\_\_\_  
Meeting Place: \_\_\_\_\_

TO: _____	TO: _____

A family-centered meeting will be held to make plans with the family named above and to review successes during the past month(s). Family members will plan, along with others at the meeting, how to meet their needs during the coming months.

The family has the right to be accompanied by an attorney. The family may also bring others who will be allowed to participate in certain portions of the staffings to share in talking about their efforts and progress.

Please make every effort to come to the meeting. Your suggestions and input regarding needed services for the family members are important.

If you are not able to come to the meeting or do not have transportation, please call me at \_\_\_\_\_. If you are not able to come and would like to comment, please call me or write your comments on the back of this form and return it to me at the address below.

Sincerely,

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Mailed

cc: file