## DENVER EFFECT Family Group Conference Summary

Case Name: Client ID#: Trails ID#: Date:	
Participants: <u>Name</u>	Role / Relationship
Case Review: Substance Abuse Treatment Update	
Family Update:	
Family Needs:	
Family Strengths: →	
Plans: (specify who will do →	what by when)
Referrals: (*TRACK FOR CSRA)	