PLANO INDIVIDUAL DE ATENDIMENTO - PIA

LA - LIBERDADE ASSISTIDA E PSC - PRESTAÇÃO DE SERVIÇOS À COMUNIDADE

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| 1. Identificação do adolescente: | |
| Nome: |  |
| Data de nascimento: |  |
| Responsáveis: |  |
| Endereço: |  |
| Telefones: |  |
| Estado Civil: |  |
| Naturalidade: |  |

**Data início da MSE:-------/----------/-----------**

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| 2. Sobre o Ato infracional: | |
| Nº do Processo: |  |
| Ato Infracional: |  |
| Medida Aplicada: |  |
| Outros processos: | ( ) SIM ( ) NÃO Quais: |
| Assessoramento Jurídico: | ( ) Defensor Público ( ) Defensor Particular |
| O que motivou o adolescente a praticar o ato infracional? | |
| Qual a reflexão do adolescente frente às consequências do ato infracional? | |

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|  | | 3. Documentação: |  |  |
| Documento: | | Nº do documento | Não possui | Orientações e encaminhamento ao órgão oficial e/ou: |
| RG – Registro Geral | |  |  |  |
| CPF – Cadastro Pessoa Física | |  |  |  |
| Certidão de Nascimento | |  |  |  |
| Titulo de Eleitor | |  |  |  |
| Alistamento Militar | |  |  |  |
| Carteira Profissional / PIS | |  |  |  |
| Carteira do SUS | |  |  |  |
|  | 4. Situação Escolar: | | | |
| Grau de Escolaridade: |  | | | |
| Está estudando: | () SIM ( ) NÃO - ano que abandonou: - última instituição que frequentou: | | | |
| Pretende retornar: | ( ) SIM ( ) NÃO | | | |
| Encaminhamentos/Escola: |  | | | |
| Meta: |  | | | |
| Atestado de Matrícula. | Início:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | |

# Órgãos públicos, programas e entidades que prestam/prestaram atendimento/orientação ao (à) adolescente e/ou ao grupo familiar (identificar o tipo de atendimento/orientação e, também, o nome e o telefone do responsável/técnico de referência para agendar reuniões/trocar informações):

 Centro de Referência Especializado de Assistência Social (CREAS) – Prontuário SUAS nº \_\_\_\_\_\_\_\_\_\_\_\_

 Centro de Referência de Assistência Social (CRAS)

 Conselho Tutelar

 Vara da Infância e da Juventude

 Promotoria da Infância e da Juventude

 Defensoria Pública

 Delegacia/Núcleo de Proteção à Criança e ao Adolescente

 Serviços de Saúde

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| GRUPO FAMILIAR | | | | | | |
| Nome: | | Parentesco ou vínculo familiar: | DN - Idade: | Profissão/trabalho | Situação ocupacional | Renda mensal: |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| A família recebe algum benefício socioassistencial? ( )Sim ( )Não  Quais benefícios recebem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valor:----------------------- | | | | | | |

Endereço e contato dos familiares

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| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |

Outras informações sobre famílias....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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|  | 6. Situação Habitacional: |
| Condição da moradia: | ( )Própria ( )Alugada – valor mensal: R$  ( )Cedida ( )Financiada – valor mensal: R$ |
| Nº de Cômodos: | ( )Quartos; ( )Cozinha; ( )Sala; ( )Banheiro; ( )Lavação; ( )Garagem; ( ) Outros |

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| --- | --- |
|  | 7. Profissionalização: |
| Está trabalhando: | ( ) SIM ( ) NÃO Local: Salário: Horário: |
| Registro em Carteira | ( ) SIM ( ) NÃO |
| Experiências anteriores: |  |
| Já participou de cursos profissionalizantes: | ( ) SIM ( ) NÃO Quais: Quando: |
| Gostaria de participar: | ( ) SIM ( ) NÃO Qual:  Encaminhamentos: |

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|  | 8. Lazer, Cultura e Esportes: |
| Participa de alguma atividade cultural: | ( ) SIM ( ) NÃO Qual: |
| Gostaria de participar: | ( ) SIM ( ) NÃO Qual: |
| Participa de atividade desportiva: | ( ) SIM ( ) NÃO Qual: |
| Gostaria de participar: | ( ) SIM ( ) NÃO Qual: |
| O que faz nas horas livres (lazer): |  |

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| 10. Respeito aos horários estabelecidos pela família: | |
| Chega tarde da noite em casa: | ( ) SIM ( ) NÃO |
| Compromisso: |  |
| Quanto tempo passa na rua: | ( ) Maior parte do dia ( ) Meio período ( ) Raramente ( ) Nunca |

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|  | 9. Aspectos de Saúde: |
| Apresenta problema de saúde: | ( ) SIM ( ) NÃO Qual: |
| Já fez ou faz tratamento | ( ) SIM ( ) NÃO Quando: |
| Psicológico/psiquiátrico: | ( ) SIM ( ) NÃO Por quanto tempo: |
| Cigarros: | ( ) SIM ( ) NÃO Desde quando:  Frequência: Quantidade: |
| Bebidas alcoólicas: | ( ) SIM ( ) NÃO Desde quando: Frequência: Quantidade: |
| Outras drogas: | ( ) SIM ( ) NÃO Qual: Desde quando: Frequência: Quantidade: |
| Já foi internado para tratamento/desintoxicação: | ( ) SIM ( ) NÃO Quando:  Onde:  Período:  Encaminhamento: |
| Utiliza algum medicamento: | ( ) SIM ( ) NÃO Qual: |
| Doenças na família: | ( ) SIM ( ) NÃO Quem: Qual: |

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| 11. Em relação ao Adolescente: | |
| Têm planos para o futuro? | ( ) SIM ( ) NÃO Quais: |
| A família corresponde a este interesse? | ( ) SIM ( ) NÃO De que forma: |
| O adolescente recebe algum tipo de influência negativa? | ( ) SIM ( ) NÃO Quais Por parte de quem: |

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| 12. Planejamento dos Atendimentos L.A. |
| Atendimento ao adolescente: Semanal ( ) Quinzenal ( ) |
| Atendimento familiar: Semanal ( ) Quinzenal ( ) Mensal ( ) |

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| 13. planejamento dos Atendimento P.S.C. |
| Atendimento ao adolescente: Semanal ( ) Quinzenal ( ) |
| Atendimento familiar: Semanal ( ) Quinzenal ( ) Mensal ( ) |
| Órgão/Entidade do cumprimento da medida: |

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| 13. Com base nos dados apresentados pelas partes e nos objetivos declarados pelo adolescente, seguem as orientações e atividades de integração e apoio à família, com o plano de ações conjuntas: | | | | |
| Área | Demandas | Ações: | Quem executa:  Setor/REDE | Prazos: |
| 1. Situação Documental |  |  |  |  |
| 2. Situação Processual |  |  |  |  |
| 3. Saúde |  |  |  |  |
| 4. Educação |  |  |  |  |
| 5. Profissionalização |  |  |  |  |
| 6. Arte, Cultura, Esporte E Lazer |  |  |  |  |
| 7. Fortalecimento Da Convivência Familiar E Comunitária |  |  |  |  |
| 8. Participação Política |  |  |  |  |
| 9. Espiritualidade |  |  |  |  |
| 10. Preparação Para O Desligamento |  |  |  |  |

**Registro dos Atendimentos (individuais ou em grupo) – *o técnico deve assinar e colocar data após cada registro* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registro de reuniões e ações com a rede intersetorial – *o técnico deve assinar e colocar data após cada registro***

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Avaliação Interdisciplinar Data \_\_\_\_/\_\_\_/\_\_\_\_

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**Assinaturas de compromisso:**

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Adolescente

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Pais ou responsável

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Outros familiares

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Pessoas de referência fora do grupo familiar

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Orientador (**Liberdade Assistida**)

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Profissional de referência no local de execução da medida (**Prestação de Serviços Comunitários**)

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Técnico de Referência

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Orientador

Iacanga, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.