

FAMILY ASSESSMENT

Case Name:

Status:	Purpose:	Assessment Date:	Created by:
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Participants

Name	DOB	Gender	Marital Status	Service Role

Prior Intakes(s)

Date:	Intake Number	Intake Name	Intake Type	Case ID	Investigative Subtype	Finding	Screening Decision	Worker Safety Concerns

Prior Investigation(s)

Intake ID	Case Name	Intake Type	Case ID	Investigative Subtype	Finding	Status	Date Closed

Narrative:

FAMILY

Reason for Agency Involvement

Cultural	Strength / Need
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Cultural Factors that affect family's protective capacities	
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Communication/language Factors impact intervention	
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Narrative:

Environmental				Strength / Need
Behaviors of any household member affect child well being				
Family's ability to manage stressors				
Narrative:				
Input/Involvement				
Source Type	Name of Source	Affiliation	Date of Contact	Method of Contact
Input				
(Narrative)				
Other Agency Involvement				
Safety				Yes / No
Is there an Active Safety Plan?				
Are there any signs of present danger, diminished protective capacities and/or child vulnerability concerns that would suggest the need for an initial or updated safety plan?				
Narrative:				
Emerging dangers				Yes / No
Are danger-related risk dynamics (substance abuse, mental illness, violence, perception of the child, domestic violence) escalating in intensity or frequency?				
Are protective capacities diminishing?				
Are intakes increasing in severity?				
Are intakes escalating in frequency?				

Emerging dangers (continued)	Yes / No
Are more people becoming involved, either as a victim or subject of the intake?	
Is family stability diminishing?	
Are family stressors increasing?	
Are there any other emerging dangers?	
Narrative:	
CHILD	
Child's Name:	
Service Role:	
Permanency – Placement Factors	Yes / No
Is this child in an out of home placement?	
Narrative:	
Well Being – Health Factors	Strength / Need
Child's diet and nutrition are consistent with health maintenance	
Child receives regular preventative health care	
Child's current medical maintenance & treatment are consistent with medical conditions and/or symptoms	
Child's needs for dental care and preventative maintenance are being met	
Narrative:	
Well Being – Behavioral Health Factors	Strength / Need
Child's demonstrates coping and problem solving skills, resiliency, and sense of identity	
Child' demonstrates developmentally mental/behavioral health functioning	
Narrative:	

Well Being – Education Factors	Strength / Need
Child’s academic performance, including attendance	
Child’s cognitive/intellectual development, including developmental delays	
Does the child meet the criteria for the Rilya Wilson Act?	Yes / No
Narrative:	
Well Being – Social Factors	Strength / Need
Child displays age-appropriate interpersonal skills	
Child maintains social connections to family, peers or others	
Child has no ungovernable behavior, illegal behavior, or gang affiliation	
Narrative:	
Vulnerability – Fragility Factors	Strength / Need
Child has no arrests, law enforcement or Juvenile Justice involvement	
Child’s age and level of functioning enables self-protection	
Child is free of substance use, and/or exposure (including in utero)	
Child has no medical, mental or physical conditions that increase vulnerability	
Narrative:	
Vulnerability – Behavior Factors	Yes/No
Child displays behaviors or conditions that may be indicative of a need for specialized assessment.	
Narrative:	
Vulnerability – Adjustment Factors	Strength / Need
Child is effectively coping with the impact of maltreatment	
Child is positively adjusting to current placement/living arrangement	
Child feels safe and secure in current placement/living arrangement	
Narrative:	

ADULT	
Individual's Name:	
Service Role:	
Functioning – Health Factors	Strength / Need
Individual is free from any physical health conditions that may impact the family, ability to parent or protective capacities	
Manages own physical health maintenance and treatment, consistent with medical needs	
Narrative:	
Functioning – Behavioral Health Factors	Strength / Need
Individual is free from any behavioral/mental health issues that may impact the family, Is family stability diminishing?	
Manages own behavioral/mental health maintenance and treatment, consistent with identified needs	
Individual is free from any substance abuse issues that may impact the family, their ability to parent or protective capacities	
Manages own substance abuse treatment and/or sobriety consistent with identified needs.	
Narrative:	
Functioning – Intellectual Factors	Strength / Need
Cognitive/intellectual functioning impacts the family, ability to parent, and protective capacities	
Narrative:	
Functioning – Communication Factors	Strength / Need
Has ability to read and write in their primary language	
Effectively communicates to obtain service needs	
Narrative:	

History – Abuse Factors	Strength / Need
Has a history free of exposure to abuse or neglect either as a child or as an adult	
Has a history free of perpetrating abuse or engaging in abusive or neglectful behavior	
Narrative:	
History – Criminal Factors	Yes/No
Has a history free of illegal activity, arrests or law enforcement involvement	
Has a history free of crimes of violence, sex offenses, or drug/alcohol related offenses	
Narrative:	
History – Financial Factors	Strength / Need
Has a history of stable, legal financial resources sufficient to meet basic needs	
Has current legal financial resources sufficient to meet basic needs	
Narrative:	
Relationships – Domestic Violence Factors	Strength / Need
Has a history free of being a victim of domestic abuse	
Has a history free of perpetrating domestic abuse	
Has a history free of physical, and/or emotional aggression towards others	
Balance of power with other household members does not impact ability to protect a child	
Narrative:	
Relationships – Dynamics Factors	Strength / Need
Has a history of stable relationships	
Able to resolve relationship conflicts in a positive manner	
Involved in a current relationship? (Yes/No)	
Current relationship is stable and does not negatively impact protective capacity	
Able to engage in joint decision making within current relationship	
Narrative:	

Relationships – Dynamics Factors	Strength / Need
Has a history of stable relationships	
Able to resolve relationship conflicts in a positive manner	
Involved in a current relationship? (yes/no)	
Current relationship is stable and does not negatively impact protective capacity	
Able to engage in joint decision making within current relationship.	
Narrative:	
Relationships – Support Networks Factors	Strength / Need
Has ability to develop and maintain supportive relationships.	
Has a positive support network outside the home.	
Parenting – Protective Capacities Factors	Strength / Need
Understands and can identify harmful situations	
Motivated to protect the child	
Motivated and willing to comply with restrictions on access to child	
Attached to child and meets child’s need for attachment	
Able to meet child’s needs for food/nutrition, health, hygiene, shelter, and education and supervises the child’s activities to prevent harm.	
Narrative:	
Parenting – Expectations of Child Factors	Strength / Need
Sets age and developmentally appropriate standards and expectations for child’s behavior and responds to child consistent with those standards	
Develops strategies to set and enforce limits, manages child’s behavior, and encourages development of child’s self control	
Utilizes age and developmentally appropriate discipline techniques consistent with child’s behavior	
Narrative:	

Parenting – Participation Factors	Strength / Need
Has a realistic understanding of intervention and needed services	
Recognizes seriousness of the maltreatment	
Willing and able to participate in offered services	
Demonstrates follow through with case commitments	
Demonstrates behavioral changes as a result of participation in services.	
Narrative:	
Summary	Purpose:
Summary of case work activity:	
Supervisor Comments:	
Updated Family Assessment due:	

SIGNATURES

Signature – Case Manager	Date Signed
Signature – Case Manager	Date Signed
Signature – Case Manager Supervisor	Date Signed
Signature – Case Manager Supervisor	Date Signed
Signature - Other	Date Signed
Signature - Other	Date Signed