

# 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**

(Agency's perspective narrative)

(Family's perspective narrative)

**Cultural**

Cultural factors affect family strengths, needs, and protective capacities	Strength/ Need
Communication/language factors impact intervention	Strength/ Need

**Narrative:**

Environmental				
Behaviors of any household member which may affect the level of well being to the child(ren)				Strength/ Need
Stressors impact family's ability to manage				
Narrative:				
Professional and Other Input				
Source Type	Name of Source	Affiliation	Date of Contact	Method of Contact
Input				
(Narrative)				
Other Agency Involvement				
Safety				
Is there an Active Safety Plan?				
Are there any signs of present danger, threats of harm, protective capacities or child vulnerability concerns that would suggest the need for an initial or updated Family Assessment				
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 family stressors increasing?				
Are more people becoming involved, either as a victim or subject of the intake?				
Are different types of maltreatment reports being received?				
Is family stability diminishing?				
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:				

<b>Permanency/Permanency factors</b>				
Narrative:				
<b>Well Being/Health factors</b>				<b>Strength/ Need</b>
Child's diet and nutrition are consistent with health maintenance				
Child receives regular preventative health care				
Child's current medical maintenance and treatment are consistent with medical conditions and/or symptoms				
Child's needs for dental care and preventative maintenance are being met				
Narrative:				
<b>Well Being/Behavioral Health factors</b>				<b>Strength/ Need</b>
Child's demonstrates coping and problem solving skills, resiliency, and sense of identity				
Child demonstrates developmentally mental/behavioral health functioning				
Narrative:				
<b>Well Being/Education factors</b>				<b>Strength/ Need</b>
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?				<b>Yes/No</b>
Narrative:				
<b>Well Being/Social factors</b>				<b>Strength/ Need</b>
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:				
<b>Vulnerability/Fragility factors</b>				<b>Strength/ Need</b>
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:				
<b>Vulnerability/Behavior factor</b>				<b>Yes/No</b>
Child displays behaviors or conditions that may be indicative of a need for specialized assessment or treatment: (behaviors pulled from FA mod)				

Narrative:	
<b>Vulnerability/Adjustment factors</b>	
Child is effectively coping with the impact of maltreatment	Strength/ Need
Child is positively adjusting to current placement/living arrangement	
Child feels safe and secure in current placement/living arrangement	
Narrative:	
<b>ADULT</b>	
Individual's Name:	
Service Role:	
<b>Functioning/Health factors</b>	
Individual is free from any physical health conditions that may impact the family, ability to parent or protective capacities	Strength/ Need
Manages own physical health maintenance and treatment, consistent with medical needs	
Narrative:	
<b>Functioning/Behavioral Health factors</b>	
Individual is free from any behavioral/mental health issues that may impact the family, ability to parent or protective capacities	Strength/ Need
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	
Narrative:	
<b>Functioning/Intellectual factors</b>	
Cognitive/intellectual functioning impacts the family, ability to parent, and protective capacities	Strength/ Need
Narrative:	
<b>Functioning/Communication factors</b>	
Has ability to read and write in their primary language	Strength/ Need
Effectively communicates to obtain service needs	
Narrative:	
<b>History/ Abuse factors</b>	
Has a history free of abuse or neglect either as a child or as an adult	Strength/ Need
Has a history free of perpetrating abuse or engaging in abusive or neglectful behavior	
Narrative:	
<b>History/ Criminal factors</b>	
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:	
<b>History/ Financial factors</b>	<b>Strength/ Need</b>
Has a history of stable, legal financial resources sufficient to meet basic needs	
Has current legal financial resources sufficient to meet basic needs	
Narrative:	
<b>Relationships/ Domestic Violence factors</b>	<b>Strength/ Need</b>
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:	
<b>Relationships/ Dynamics factors</b>	<b>Strength/ Need</b>
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:	
<b>Relationships/ Support Networks factors</b>	<b>Strength/ Need</b>
Has ability to develop and maintain supportive relationships	
Has a positive support network outside the home	
Narrative:	
<b>Parenting/ Protective Capacities factors</b>	<b>Strength/ Need</b>
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, hygiene, health, shelter, and education; and supervises the child's activities	
Narrative:	
<b>Parenting/ Expectations of Child factors</b>	<b>Strength/ Need</b>

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 behavior	
Narrative:	
<b>Parenting/ Participation factors</b>	<b>Strength/ Need</b>
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 behavior change from service participation	
Narrative:	
<b>Summary</b>	<b>Purpose:</b>
Summary of case work activity:	
Supervisor Comments:	
Updated Family Assessment due:	

## SIGNATURES

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**SIGNATURE – Case Manager**

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Date Signed

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**SIGNATURE – Case Manager**

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Date Signed

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**SIGNATURE – Case Manager Supervisor**

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**SIGNATURE – Case Manager Supervisor**

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**SIGNATURE – Other**

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Date Signed

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**SIGNATURE – Other**

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Date Signed

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