

FAMILY ASSESSMENT, CASE PLAN AND SAFETY ASSESSMENT

Case Name 		Case Number
Effective Date 	Worker Name 	County

I. CHILD FUNCTIONING

Safety Assessment:

Yes No The child is profoundly fearful of the home situation or people within the home.

For each child, describe the child's general functioning and effects of any maltreatment.



Goals

Child's Name

Goal

Begin Date

Target End Date

Service / Activity Category:

Specifically explain service / activity:

Responsible person / provider:

II. PARENT / CAREGIVER PROTECTIVE CAPACITIES (ADULT FUNCTIONING AND PARENTING PRACTICES)

Safety Assessment:

- | | | | | |
|-------------------------------------|-----|-------------------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | One or both parents' / caregivers' behavior is dangerously impulsive or they will not / cannot control their behavior. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | One or both parents / caregivers are violent. |
| <input checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | One or both parents / caregivers intend(ed) to seriously hurt the child. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | The child has exceptional needs which the parents / caregivers cannot or will not meet. |
| <input checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | No adult in the home will perform parental duties and responsibilities. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | One or both parents / caregivers fear they will maltreat the child and / or request placement. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | One or both parents / caregivers lack parenting knowledge, skills or motivation necessary to assure the child's basic needs are met. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | One or both parents / caregivers have extremely negative perceptions of the child. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Family does not have or use resources to assure the child's basic needs. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Living arrangements seriously endanger the child's physical health. |

For each parent / caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent / caregiver protective capacities impact impending danger threats (foreseeable danger) to safety.

Goals

Parent / Caregiver's Name

Goal

Begin Date



Target End Date

Service / Activity Category:

Specifically explain services / activity:

Responsible person / provider:


III. FAMILY FUNCTIONING (INCLUDING FAMILY SUPPORTS)

 Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context. 

 Goal

 Begin Date

Target End Date

 Service / Activity Category:



Specifically explain service / activity:

 Responsible person / provider:



IV. SAFETY ASSESSMENT CONCLUSIONS

 Yes No One or more factors that negatively affect safety are identified 

If the answer is "NO" then the child is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

 If the answer is "YES" then the child may be unsafe. Proceed with the Safety Assessment and Plan to consider the parent / caregiver protective capacities and the need to control for safety. 

V. ADDITIONAL TASKS AND RESPONSIBILITIES

 Describe any additional tasks or responsibilities (e.g. transportation, other case management responsibilities, etc.) that will assist the family in achieving the identified goals. 


VI. SIGNATURES

SIGNATURE – Family Member

Date Signed

SIGNATURE – Family Member

Date Signed

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SIGNATURE – Family Member

Date Signed

Name - Worker

SIGNATURE – Worker

Date Signed

Name - Supervisor

 _____
SIGNATURE – Supervisor

Date Signed