

## INTENSIVE FAMILY PRESERVATION SERVICE (IFPS)/FAMILY PRESERVATION SERVICE (FPS) EXIT SUMMARY

SELECT REPORT TYPE: <input type="checkbox"/> ASSESSMENT ONLY (Complete pages 1-3 and page 6 Sections B & C) <input type="checkbox"/> FPS SERVICES (Complete all)		<input type="checkbox"/> IFPS SERVICES 30-40-DAY (Complete all) <input type="checkbox"/> IFPS SERVICES 90-DAY (Complete all) <b><u>Do not use after June 30, 2008.</u></b> <input type="checkbox"/> AFTERCARE ONLY (Complete pages 1-3 and page 6-7 Sections B & C)	
REFERRAL DATE	CASE NUMBER	REFERRING SOCIAL WORKER'S NAME	
REFERRING SOCIAL WORKER'S TELEPHONE NUMBER	SOCIAL WORKER'S FAX NUMBER	SOCIAL WORKER'S E-MAIL ADDRESS	
DCFS SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE NUMBER	REFERRING OFFICE	
<b>PROVIDER INFORMATION</b>			
PROVIDER NAME		THERAPIST NAME	
<b>CAREGIVER NAMES</b>			
NAME (FIRST, LAST)			
NAME (FIRST, LAST)			
<b>CHILD NAMES</b>			
NAME (FIRST, LAST)	ID'D FOR INTERVENTION? YES    NO	WHERE IS CHILD LIVING AT END OF INTERVENTION? Home    Other:	TRIBAL AFFILIATION (IF APPLICABLE)
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Home <input type="checkbox"/> Other:	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Home <input type="checkbox"/> Other:	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Home <input type="checkbox"/> Other:	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Home <input type="checkbox"/> Other:	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Home <input type="checkbox"/> Other:	
<b>OTHER PEOPLE LIVING IN HOME</b>			
NAME (FIRST, LAST)	RELATIONSHIP	BEGINNING OF INTERVENTION	END OF INTERVENTION
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## IFPS/FPS EXIT SUMMARY

Using the North Carolina Family Assessment Scale (NCFAS)

For each of the domains listed below, provide the NCFAS or NCFAS-R initial and closure overall ratings. In addition, provide a brief summary of the changes or lack of changes from the initial to closure ratings. You may refer to the goals and progress on goals for the more detailed description of the changes. (e.g. Parental Capabilities: Parents are now using more effective discipline methods and have established consistent morning and bedtime routines. See Goal #1 for more details).

Please refer to the Definitions for the NCFAS/NCFAS-R when rating each domain.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL ENVIRONMENT DOMAIN					
ENVIRONMENT	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary

Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL PARENTAL CAPABILITIES DOMAIN					
PARENTAL CAPABILITIES	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary

Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL FAMILY INTERACTIONS DOMAIN					
FAMILY INTERACTIONS	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary

Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL FAMILY SAFETY DOMAIN					
FAMILY SAFETY	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closure Overall Assessment	<input type="checkbox"/>					
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Brief Summary
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Please refer to the [Definitions for the NCFAS/NCFAS-R](#) when rating each area and domain.

NCFAS GLOBAL DOMAIN	NCFAS RATING FOR OVERALL CHILD-WELL BEING DOMAIN					
CHILD WELL-BEING	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary
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For Reunification cases only. Please refer to the [Definitions for the NCFAS/NCFAS-R](#) when rating each area and domain.

Additional NCFAS Domain to be completed for reunification services only						
NCFAS GLOBAL DOMAIN CAREGIVER/CHILD AMBIVALENCE	NCFAS RATING FOR OVERALL CAREGIVER/CHILD AMBIVALENCE DOMAIN					
	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary
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Please refer to the [Definitions for the NCFAS/NCFAS-R](#) when rating each area and domain.

Additional NCFAS Domain to be completed for reunification services only						
NCFAS GLOBAL DOMAIN READINESS FOR REUNIFICATION	NCFAS RATING FOR OVERALL READINESS FOR REUNIFICATION DOMAIN					
	CLEAR STRENGTH +2	MILD STRENGTH +1	BASELINE/ ADEQUATE 0	MILD PROBLEM -1	MODERATE PROBLEM -2	SERIOUS PROBLEM -3
Initial Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary
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## SERVICE PROVIDER REPORT

**Service Providers Report** Address each of these areas in this section so that the DCFS social worker has the information necessary for service planning, including the need for protective services such as out-of-home placement or continuing in-home intervention. Be as realistic and accurate as possible in your assessment of family progress on goals, child safety, and the need for ongoing services

**A. Goals Addressed**                      **Instructions: Provide the following information for each service goal.**

**Goal 1:** (state goal)

1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

- A. **Environment**
- B. **Parental Capabilities**
- C. **Family Interactions**
- D. **Family Safety**
- E. **Child Well-Being**
- F. **Caregiver/Child Ambivalence (Reunification Only)**
- G. **Readiness for Reunification (Reunification Only)**

2. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)

3. Family progress on goal:

**Goal 2:** (state goal)

1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

- A. **Environment**
- B. **Parental Capabilities**
- C. **Family Interactions**
- D. **Family Safety**
- E. **Child Well-Being**
- F. **Caregiver/Child Ambivalence (Reunification Only)**
- G. **Readiness for Reunification (Reunification Only)**

2. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)

3. Family progress on goal:

**Goal 3:** (state goal)

1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

- A. **Environment**
- B. **Parental Capabilities**
- C. **Family Interactions**
- D. **Family Safety**
- E. **Child Well-Being**
- F. **Caregiver/Child Ambivalence (Reunification Only)**
- G. **Readiness for Reunification (Reunification Only)**

2. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)

3. Family progress on goal:

**Goal 4:** (state goal)

1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

- A. **Environment**
- B. **Parental Capabilities**
- C. **Family Interactions**
- D. **Family Safety**
- E. **Child Well-Being**
- F. **Caregiver/Child Ambivalence (Reunification Only)**
- G. **Readiness for Reunification (Reunification Only)**

2. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)

3. Family progress on goal:

**B. Ongoing Safety of Children/Family Stabilization.**

**C. Ongoing concerns and recommendations for continuing services, resources and/or supports. Please specify child(ren) related to each concern and recommendation.**

**D. Additional Information:**

- a. Was any child in a DCFS authorized placement as of the exit date?  Yes  No
- b. Was a new CPS report made while the case was open for service?  Yes  No
- c. Was this intervention requested for:  Placement Prevention  Reunification
- d. Recommendations related to placement:

**E. DCFS concrete funds provided \$ .** Approved by (DCFS SW name):

**F. Other funds provided \$ .**

Briefly describe any items/services purchased or donated:

Based on the Service Record of Dates and Time located on the last page of this document, please report the first and last dates you made face to face contact with the family so we can calculate an accurate intervention or service length.

DATE OF FIRST FACE TO FACE CONTACT	DATE OF LAST FACE TO FACE CONTACT (Do not include follow-up, post-intervention phone calls)	DATE CASE WAS CLOSED
NUMBER OF THERAPIST CONTACTS (Meetings with family)		NUMBER OF PARAPROFESSIONAL CONTRACTS (From next page)
WAS THE INTERVENTION COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" state reason for incomplete intervention:	

<b>Service Provider Hour Summary for This Family</b> <b>Report hours in each category to the nearest 15 minutes (.25 hour).</b>	<b>Therapist</b>	<b>Paraprofessional</b>
Total Direct Face-To-Face Contact Hours with Family Members (as calculated on next page, Record of Dates and Time)		
Collateral Contacts (Non-Family Contact)		
Telephone Contact with Family		
Case Related Travel Time		
Paperwork		
Other (Meetings, Staffings, Supervision)		
<b>TOTAL HOURS</b>		
<b>Total Number of Miles Driven While Providing Services</b>		
<b>Total Number of Face to Face Contacts</b>		

**Please document all weekly case update contacts with the Social Worker below, including voice mail messages.**

**Weekly Case updates Made to the DCFS Referring Social Worker**

CONTACT DATES		CONTACT DATES		CONTACT DATES		CONTACT DATES	
1.		2.		3.		4.	
5.		6.		7.		8.	
9.		10.		11.		12.	
13.		14.		15.		16.	
17.		18.		19.		20.	
21.		22.		23.		24.	
25.		26.		27.		28.	

The following page is provided to assist in recording intervention and service contact dates and times with the family. It is intended to serve as an ongoing as well as final record of time spent seeing and telephoning the family. You are welcome to submit a copy of this page with your monthly case updates. Please include the Service Record of Dates and Time page with your final Exit Summary.

DATE SUBMITTED TO SOCIAL WORKER	THERAPIST'S NAME	DATE
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### Service Record of Dates and Time

Direct Face-To-Face and Telephone Contact Dates/Hours with this Family  
Travel Time to Include All Case Related Travel

Complete this table for all services, including IFPS Evaluation and Aftercare; report total hours to the nearest 15 minutes (.25 hour).

THERAPIST			
		<u>Face-to-Face Hours</u>	<u>Case-Related Travel Time</u>
	CONTACT DATE	NUMBER OF HOURS	NUMBER OF HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
	Total Face-to-Face Contacts	Total Face-to-Face HOURS	Total Care-Related Hours

**PARAPROFESSIONAL – Report total hours to the nearest 15 minutes (.25 hour)**

		<u>Face-to-Face Hours</u>	<u>Case-Related Travel Time</u>
	CONTACT DATE	NUMBER OF HOURS	NUMBER OF HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
	Total Face-to-Face Contacts	Total Face-to-Face HOURS	Total Care-Related Hours