

ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.

PROGRAM TYPE	
<input type="checkbox"/> FVS	<input type="checkbox"/> CFWS
CASE ID NUMBER	

Comprehensive Family Evaluation

Parent / Caregiver(s) Name(s)	Client ID	Date of Birth
Child(ren) Name(s)	Client ID	Date of Birth

SOCIAL SERVICE PROFESSIONAL'S NAME	EMAIL ADDRESS	TELEPHONE NUMBER
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REASON FOR COMPREHENSIVE FAMILY EVALUATION (CHECK BOXES FOR THE FOLLOWING)

<input type="checkbox"/> Case closure	<input type="checkbox"/> New Intake
<input type="checkbox"/> Change in household composition	<input type="checkbox"/> Other
<input type="checkbox"/> Considering unsupervised visits	<input type="checkbox"/> Reunification with non-custodial parent
<input type="checkbox"/> Initial Comprehensive Evaluation	<input type="checkbox"/> Trial return home

Family Situation

FAMILY DEVELOPMENT STAGES

<input type="checkbox"/> Infant / preschool children	<input type="checkbox"/> Teenage children	<input type="checkbox"/> Blended family	<input type="checkbox"/> Post parental	<input type="checkbox"/> Unmarried couple
<input type="checkbox"/> School age children	<input type="checkbox"/> Single parent	<input type="checkbox"/> Launching	<input type="checkbox"/> Married	

MILITARY FAMILY

Active military

Deployment. One or both parents have been or are currently deployed.

No longer active military

FAMILY COMPOSITION AND CULTURAL FACTORS
Describe the family's composition and cultural factors.

CURRENT NEEDS AND CHALLENGES
Describe the nature and extent of the maltreatment or family situation.

SEQUENCE OF EVENTS
Describe the everyday life task(s) that contribute to the maltreatment.

Describe the surrounding circumstances accompanying the maltreatment or family situation.

Family Functioning

SAFETY EVALUATION

SAFETY THREATS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	The family situation results in no adults in the home performing parenting duties and responsibilities that assure child's safety.
<input type="checkbox"/>	<input type="checkbox"/>	The family situation is that the living arrangement(s) seriously endanger the child's health.
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs

which present an immediate threat of serious harm to a child.

- Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety.
- Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical or behavioral needs.
- Child sexual abuse is suspected, has occurred or circumstances suggest sexual abuse is likely to occur.

Parenting Practices

Describe how each parent disciplines the child(ren).

What are the overall parenting/childcare practices used by the parent?

Describe what the family has done to keep the child(ren) safe and healthy in the past and the resources used.

FAMILY SUPPORT

Describe the family's support system.

Parent / Caregiver Functioning

SAFETY EVALUATION

SAFETY THREATS

YES NO

- Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety.
- There has been an incident of domestic violence that impacts child safety.
 - YES NO
 - The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim / caregiver of the child.
 - The domestic violence perpetrator has caused serious harm or threatened serious harm to the child.
 - The level of violence and / or threats towards either the adult victim or child is increasing so that serious harm is likely to occur.
 - There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons.
- Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety.
- Caregiver(s) perceives child in extremely negative terms.
- Caregiver(s) attitudes, emotions or behavior threaten severe harm to a child, or caregiver(s) fear they will maltreat the child and are requesting placement.
- Caregiver(s) intend(ed) to seriously hurt the child.
- Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee.
- Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts.

PARENT / CAREGIVER'S NAME

How does the parent manage his / her own life on a daily basis?

PARENT / CAREGIVER'S NAME

How does the parent manage his / her own life on a daily basis?

PARENT / CAREGIVER'S NAME

How does the parent manage his / her own life on a daily basis?

Child Functioning

SAFETY EVALUATION

SAFETY THREATS

YES NO

- A child has serious physical injuries or serious physical conditions resulting from maltreatment.
- A child demonstrates serious emotional symptoms, self-destructive behavior and / or lack of behavioral control that results in provoking dangerous reactions in caregivers.
- A child is extremely fearful of the home situation or people within the home.

CHILD'S NAME

Describe how the child functions on a daily basis.

CHILD'S NAME

Describe how the child functions on a daily basis.

Recommendation

ASSESSMENT SUMMARY

Describe the overall progress towards family and individual level objectives and any relevant case information.

Family Level Objective

OBJECTIVE	OBJECTIVE START DATE	TARGET END DATE	TASKS
FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
OBJECTIVE	OBJECTIVE START DATE	TARGET END DATE	TASKS
FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			

DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
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FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			

Individual Level Objective

PARENT / CAREGIVER'S NAME			
OBJECTIVE	OBJECTIVE START DATE	TARGET END DATE	TASKS
FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			

PARENT / CAREGIVER'S NAME			
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STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
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PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
Child Level Objectives			
CHILD'S NAME			

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FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
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PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE
DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE

Safety Decision

FINAL SAFETY DECISION <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe	FINAL SAFETY PLAN DECISION <input type="checkbox"/> No plan required <input type="checkbox"/> In-Home Safety Plan <input type="checkbox"/> Out-of-Home Safety Plan
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Case Plan

The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well being.

- In-Home Case Plan:** This plan is designed to keep children in their home.
- Out-of-Home Case Plan:** This plan is designed to assist in the child's timely and safe return home.

Signatures

PARENT / GUARDIAN'S SIGNATURE	DATE	PARENT / GUARDIAN'S SIGNATURE	DATE
CHILD'S (OVER 12 YEARS) SIGNATURE	DATE	OTHER SIGNATURE	DATE
SOCIAL SERVICES PROFESSIONAL'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE

Recommendation

- Case remains open for continued services.**
 - Trial return home
 - Continue in-home services
 - Continue out-of-home services
 - Transfer to CFWS

- Case closure is appropriate.**
 - Safety threats have been eliminated or are being successfully managed by family and / or support network.
 - The family refuses services and no jurisdiction exists for ordering services through the court.
 - Other (e.g., all children are legally free or are in completed permanency plans and will not be returning home).
Explain: