

Complete with the primary household family within the first 4 weeks of case opening to prepare for the development of the Social Service Plan to be finalized by the 30<sup>th</sup> day following case opening date. Attach additional Parent/Caregiver/Guardian assessment forms as needed, one per P/C/G household by utilizing the Initial Family Assessment Attachment (CD-301a). If the Case Manager is unable to complete this assessment with the P/C/G's, the Case Manager must seek alternate options such as relatives, the children/youth, natural supports and collateral contacts to complete the assessment.

Family name:		Case #	
Name(s) of P/C/G's in the primary hhd this assessment is completed with:			
Case Manager:		Supervisor:	
Case open date:		Case type:	
<b>Initial 4 weekly contact dates and Parent/Caregiver/Guardian signatures during which timeframe this assessment was completed:</b>			
Date of visit:	Signatures of family members participating in this assessment during each date:		

<b>Incarcerated Parent, Caregiver, Guardian(s):</b>			
<input type="checkbox"/> N/A			
Name:	Role:	Location:	
<input type="checkbox"/> Provided the Notice to Incarcerated Parent (CS-2)		Date:	
<input type="checkbox"/> Provided the Incarcerated Parent Response Form (CS-2att)		Date:	

<input type="checkbox"/> N/A			
Name:	Role:	Location:	
<input type="checkbox"/> Provided the Notice to Incarcerated Parent (CS-2)		Date:	
<input type="checkbox"/> Provided the Incarcerated Parent Response Form (CS-2att)		Date:	

**PARENT/CAREGIVER/GUARDIAN(S) VOICES:**

Case Manager should capture the information below as voiced by the P/C/G.

**What is your understanding of why Children's Division is involved?**

Please describe specifically as possible the incident(s) that caused Children's Division's involvement.

**What are some of the most important things you think I should know about your family?**

**What do you feel are your strengths as a parent? What would others, including your children, tell me you do best as a parent? Tell me about times you managed challenging situations successfully.**

**What do you feel that you struggle with the most?**

**If I asked your child(ren) what they worry about most, what do you suppose they will tell me?**

**If you had three wishes that you could use to improve your situation, what would they be? How would they help?**

1.

2.

3.

**What do you think needs to happen differently moving forward to reach your goals? What would need to change?**

**Who could help you reach those goals and how could they help? How do you think that Children's Division could help you with that? What services might be able to help?**

**What else would you like us to know or to keep in mind while working with your family?**

**NATURAL SUPPORTS:**

Who does the family identify as their current natural supports who they are willing to allow to be involved?

Consider asking: Who are the people who care about your children? If you were to become unable to care for your child(ren) and they needed a temporary home to stay in, who would be your top three preferences?

Name:	What role do they have in supporting your family?	Contact information:
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	
	<input type="checkbox"/> Relative <input type="checkbox"/> Sent Relative Notification Letter (CD-203) <input type="checkbox"/> Non-Relative/Other: What is this person's relationship to each child? _____ _____	

Select all that apply regarding the reason(s) the child(ren) came into Alternative Care:

- |   |                                       |  |                                  |  |  |
|---|---------------------------------------|--|----------------------------------|--|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Neglect | <input type="checkbox"/> Sex Trafficking | <input type="checkbox"/> Labor Trafficking |
|---|---------------------------------------|--|----------------------------------|--|--|

Identify Harm and impact to the child(ren). What are the circumstances that brought the child(ren) into Alternative?

**THREATS TO CHILD SAFETY:** (select all that apply to all Parent/Caregiver/Guardians)

When developing the Social Service Plan, each Threat to Child Safety identified here must have a corresponding Safety Goal.

**1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation.**

- Yes  No

**If yes, indicate if safety threat is based on:**

- Serious injury or abuse to the child other than accidental.  
 Threat to cause harm or retaliate against the child.  
 Excessive discipline or physical force.  
 Drug-/alcohol-exposed infant during pregnancy

Applies to which P/C/G's?:

Applies to which child(ren)?:

Details/Supporting evidence:

**2. Child sexual abuse is suspected, AND current circumstances suggest that the child may be in imminent danger.**

- Yes  No

**If yes, indicate if safety threat is based on:**

- Sexual abuse  
 Sexual trafficking

Applies to which P/C/G's?:

Applies to which child(ren)?:
Details/Supporting evidence:
<b>3. Caregiver does not meet the child's immediate and basic needs for supervision, food, or clothing.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<b>4. Caregiver does not meet the child's immediate needs for medical or mental health care.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<b>5. Caregiver's current substance abuse impairs their ability to supervise, protect, or create a safe environment for the child AND the child has been harmed or is likely to be harmed without intervention.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<b>6. Caregiver's current emotional instability, developmental status, or intellectual disability impairs their ability to supervise, protect, or care for the child AND the child has been harmed or is likely to be harmed without intervention.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Applies to which P/C/G's?:
Applies to which child(ren)?:

Details/Supporting evidence:
<p><b>7. Domestic violence exists in the household and poses an imminent danger of physical and/or emotional harm to the child.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<p><b>8. The physical living conditions are hazardous and immediately threatening to the child's health and/or safety.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<p><b>9. Caregiver acts toward the child in negative ways that cause severe psychological/emotional harm to the child.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:
<p><b>10. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Applies to which P/C/G's?:
Applies to which child(ren)?:
Details/Supporting evidence:

<p><b>11. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Applies to which P/C/G's?:</p>
<p>Applies to which child(ren)?:</p>
<p>Details/Supporting evidence:</p>
<p><b>12. The family refuses to allow the Children's Division to assess the child, and child safety cannot be determined any other way.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Applies to which P/C/G's?:</p>
<p>Applies to which child(ren)?:</p>
<p>Details/Supporting evidence:</p>
<p><b>13. Current circumstances, combined with information that the caregiver has previously harmed a child in their care, suggest that the child may be in imminent danger based on the severity of the previous abuse or neglect or the caregiver's response to the previous incident.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Applies to which P/C/G's?:</p>
<p>Applies to which child(ren)?:</p>
<p>Details/Supporting evidence:</p>
<p><b>14. Other (specify):</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Applies to which P/C/G's?:</p>
<p>Applies to which child(ren)?:</p>
<p>Details/Supporting evidence:</p>



## CHILD/YOUTH ASSESSMENT

With the Parent, Caregiver, Guardian(s), assess EACH CHILD/YOUTH in each area below.

See current and historical medical treatment, providers, medications, allergies, physical health, mental health, behavioral health and development for each child on the Health Care Information Summary (CD-264) and the Child/Family Health and Developmental Assessment (CW-103, CW-103 Att. A, CW-103 Att. B). See family's financial status on the Financial Statement for Parents (CS-99). See the Indian Ancestry Questionnaire (CD-116) and ICWA Checklist (CD-123) for Indian child status.

- Completed and attached for each child - Health Care Information Summary (CD-264)
- Completed and attached for each child - Child/Family Health and Developmental Assessment (CW-103)
- Completed and attached for each child - Child/Family Health and Developmental Assessment (CW-103 Att. A)
- Completed and attached for each child - Child/Family Health and Developmental Assessment (CW-103 Att. B)
- Completed and attached for each household - Financial Statement for Parents (CS-99)
- Completed and attached for the child(ren) - Indian Ancestry Questionnaire (CD-116)
- Completed and attached for the child(ren) - ICWA Checklist (CD-123)

Obtain the following documents if available:

- Birth Certificates
- Social Security Cards

- Custody Documents
- Immunization Records

Other:

In what state was the child(ren) born?

Previous states of residence:

**Behavioral:** Screen each child for the potential risk of harm to self or others to determine the need for behavior support & management interventions

**Trauma:**

Trauma experiences, history or exposure to domestic violence, human trafficking, etc.

**Social/Relationships:**

How and who are their peer relationships? Outside of the hhld, who does the child(ren) have the strongest relationships with?

Additional social supports?

<p><b>Involvement:</b> Current involvement in activities, community, cultural resources, sports, etc.</p>	
<p><b>Child(ren's) Strengths/Interests:</b></p>	
<p><b>Substance Use:</b> History or current use of substances.</p>	
<p><b>Educational:</b> <b>Current Grade/School:</b> <b>IEP/IAP? Special Education Services/Identified Needs?</b> <b>Or school readiness:</b></p>	
<p><b>Youth gender identity and sexual orientation:</b></p>	
<p><b>Any child needs:</b> (i.e., glasses, clothing, special services, dental care, etc.)</p>	

**Does your child(en) receive income from any of the following sources?**

N/A

Employment:  
 Youth: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Youth: \_\_\_\_\_ Employer: \_\_\_\_\_

Tribal Benefits:  
 Child(ren): \_\_\_\_\_ P/C/G(s): \_\_\_\_\_

(SSI) Social Security Disability Benefits for disabled child (self):  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_

(SSI) Social Security Disability Benefits for disabled parent:  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_

(OASI) Survivors benefits from a parent:  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payee: \_\_\_\_\_ Amount: \_\_\_\_\_

Child Support:  
 Child/OY: \_\_\_\_\_ Payed By: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payed By: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payed By: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payed By: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payed By: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Child/OY: \_\_\_\_\_ Payed By: \_\_\_\_\_ Amount: \_\_\_\_\_

Other: \_\_\_\_\_

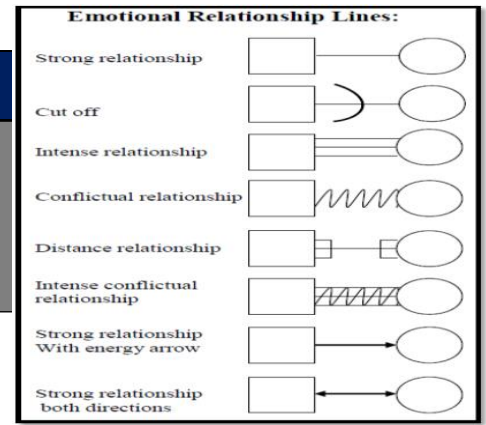
**Older Youth**

<p>Are there youth in care over the age of 14 or about to turn 14? Does a Chafee Referral need to be made?</p>	<p><input type="checkbox"/> N/A  <input type="checkbox"/> Chafee Services explained to P/C/G  <input type="checkbox"/> Chafee Services explained to Youth</p>	<p><input type="checkbox"/> IAP (CD-94) completed with the youth  <input type="checkbox"/> Date OY FST held: _____  <input type="checkbox"/> Date Chafee Referral made: _____  <input type="checkbox"/> Chafee Worker: _____</p>
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# GENOGRAM

○ = Female    □ = Male    △ = Unknown/Other

AA = Alcohol abuse    SA = Sexual Abuse    N = Neglect  
 DA = Drug abuse    EA = Emotional Abuse    INC = Incarcerated  
 MH = Mental Health    PA = Physical Abuse    IPV = Intimate Partner Violence  
 DOM = Date of Marriage    DIV = Divorced    DOD = Date of Death  
 List any significant family health issues which may impact the child(ren)



**CULTURE-MAP**

Assess all P/C/G's in the primary household for the following and determine if additional steps need to be taken to address any insufficient protective capacities, complicating factors or if areas of strengths and sufficient protective capacities may be utilized to increase safety and decrease risk.

<b>Military Status</b> Have you or an immediate family member ever served in the U.S. Armed Forces?  If yes, would you like information about military-related services in Missouri?	
<b>Culture</b>	
<b>Absent Parent/ Caregiver/Guardian(s) identity, status, involvement, location, etc.</b>	
<b>Discipline beliefs/practices</b>	
<b>Trauma/Crisis events experienced by family members and impact of those events on current functioning</b>  Including presence of intimate partner violence or aggression in the home, presence or history of human trafficking.	
<b>Religious/Faith Based/Cultural Beliefs, Practices and Supports Values</b>	
<b>Parental custody status/Parenting Plan</b>  Who has Legal/Physical custody? Not established? Pending? Current status?	

<p><b>Family's housing situation/stability.</b></p> <p>Previous cities/states of residence. Who resides in the home</p>	
<p><b>P/C/G's risk to self or others</b></p>	
<p><b>Self-Care:</b></p> <p><b>P/C/G's level of independence and ability to care for self, meet own needs</b></p>	
<p><b>Protection:</b></p> <p><b>P/C/G's ability to intervene in all circumstances to protect the child(ren) and advocate for their well-being</b></p> <p><b>P/C/G's ability to protect self and their own feelings of safety in the home</b></p>	
<p><b>Interaction:</b></p> <p><b>P/C/G's interaction and expectations of child(ren)</b></p> <p>Developmentally appropriate? Level of bond?</p>	
<p><b>Immigration Status</b></p> <p><b>Primary language spoken in the home</b></p>	
<p><b>P/C/G Medical:</b></p> <p>Explain any medical or developmental conditions that may impact the P/C/G's ability to safely care for the child(ren).</p> <p>List any existing providers or services, diagnosis, etc.</p>	
<p><b>P/C/G Mental Health:</b></p> <p>Explain any mental health conditions, emotional stability, coping abilities, etc.</p> <p>List any existing providers or services, diagnosis, etc.</p>	

<p><b>P/C/G Drug/Alcohol Use:</b> List any existing providers or services, current and historical use, etc.</p>	
<p><b>Education:</b></p>	
<p><b>Community Based Activities/Supports/ Services:</b></p>	
<p><b>Employment:</b> <b>Sources of Income:</b> <b>Ability to meet financial needs to maintain basic necessities:</b> Benefits (SSI, TA, FS, etc.) <b>See Financial Statement for Parents (CS-99) for more detailed information about the family's financial status.</b></p>	
<p><b>Recreation:</b></p>	
<p><b>Relevant CA/N and Criminal History/Current legal status of all members of the household:</b> (CA/N, FCS, AC, IIS, JO involvement, Diversions, Criminal, Protection Orders, etc.) Current legal representation.</p>	
<p><b>Other:</b></p>	

**EXISTING SAFETY:**

**Consider asking:** Regarding the things that happened to cause Children's Division's involvement, what are some things you or anyone else were able to do to keep the child(ren) safe either now or in the past? Who helped to keep them safe?

What actions has the family taken in the past to keep the child(ren) safe when the concerning behaviors were occurring?

What supports did the family utilize to help keep the children safe?

What are the family's ideas now on how to keep the child(ren) safe if these things were to happen again? Who would be involved to help to keep them safe?



**CHILD(REN)/YOUTH DISCUSSION**

To be completed with the child(ren)/Youth as is developmentally appropriate.

<p><b>House of Good Things</b></p> <p><b>People who live in my safety house.</b> People who can visit my safety house. Who has made you feel safe before?</p>	<p><b>House of Worries</b></p> <p><b>People I don't feel safe with.</b> People who are not allowed to visit my safety house. Who has made you feel unsafe before?</p>	<p><b>House of Dreams</b></p> <p><b>Rules of my safety house.</b> What would need to change to make it the way you want it so you would always feel safe?</p>

**CASE PARTICIPANTS DISCUSSION**

(Parent/Caregiver/Guardian's, Child(ren), Natural Supports, Resource Providers, Community Supports, GAL, Court Partners, CD, etc.)

Identify below who is providing the information.

<b>What's going well?</b> Parental Strengths? What's been done in the past to keep the child(ren) safe?	<b>Danger/Impact to the child(ren):</b> What are we worried about and how do those worries potentially impact the child(ren)?	<b>Next Steps:</b> Recommended solutions to remedy the worry?

**Involvement in the completion of the Initial Family Assessment:**

If there was no or only partial Parent/Caregiver/Guardian involvement while completing this Initial Family Assessment, what were the circumstances that all of the Parent/Caregiver/Guardian(s) were not or only partially involved?

N/A – All Parent, Caregiver, Guardian(s) in the primary household participated in completion of the IFA

If there was no or only partial Child/Youth involvement while completing this Initial Family Assessment, what were the circumstances that all of the Child(ren)/Youth were not or only partially involved?

N/A – All Children/Youth participated in completion of the IFA

**Who participated in the completion of this Initial Family Assessment?**

List all Parent/Caregiver/Guardians, Children/Youth, Relatives, Natural Supports, Collateral Contacts, Service Providers, and any other individuals providing information through the completion of this assessment.

**Initial Family Assessment Attachment (CD-301a) was completed on the following additional Parent, Caregiver, Guardian(s) not residing in the primary household. Must complete with Incarcerated Parent, Caregiver, Guardian(s) as well.**

N/A – no additional Parent, Caregiver, Guardian(s) or all additional P,C,G's are deceased or TPR has occurred

N/A – additional Parent, Caregiver, Guardians identified but cannot locate at the time of the Initial Family Assessment

N/A – additional Parent, Caregiver, Guardians identified but are unwilling to participate in case planning for their child(ren)

Completed and attached IFA Att. (CD-301a) with the following P/C/G's:

Completed and attached IFA Att. (CD-301a) with the following P/C/G's:

Completed and attached IFA Att. (CD-301a) with the following P/C/G's:

**ADDITIONAL NOTES, CASE MANAGER FOLLOW UP, TO DO:****Supervisor Comments:****SIGNATURES**

**Worker signature** at completion of assessment:

**Date:**

**Supervisor signature** approving completed assessment, following comprehensive review for quality documentation and verification that all potential resources have been utilized to gather a full and thorough assessment of the family:

**Date:**

See Parent/Caregiver/Guardian Signatures on Page 1.  
Upload to OnBase following Supervisor approval.