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| ***ATTENTION:*** *This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.* |
| State_Seal3 | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)FAMILY ASSESSMENT RESPONSE (FAR)**FAR Family Assessment** | APPROVAL DATE |
| INTAKE ID |
| **Parent(s) / Caregiver(s) Name(s)** | **Person ID** | **Date of Birth** |
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|  |  |  |
|  |  |  |
| **Child(ren) Name(s)** | **Person ID** | **Date of Birth** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |
| SOCIAL SERVICE SPECIALIST’S NAME | EMAIL | PHONE |
| **Initial Engagement Questions** |
| Please explain “no” answers. YES NO  [ ]  [ ]  Did the worker describe the FAR intervention with the family and provide written information?  |
|  [ ]  [ ]  Did the family agree to the FAR intervention?EXPLAIN  |
| **Current Needs and Challenges** |
| Describe the Nature and Extent of the Situation that brought the family to the Department’s attention. |
| Sequence of Events: Describe the surrounding circumstances that led to the family assessment. |
| **History of Agency Involvement** |
|  |
| **Family Development Stage and Tasks** |
| FAMILY DEVELOPMENT STAGES[ ]  Infant / preschool children [ ]  Teenage children [ ]  Blended family [ ]  Post parental [ ]  Unmarried couple[ ]  School age children [ ]  Single parent [ ]  Launching [ ]  Married |
| MILITARY FAMILY[ ]  Active military[ ]  Deployment. One or both parents have been or are currently deployed.[ ]  No longer active military |
| Describe the family’s composition and cultural factors. |
| Describe the everyday life task(s) that contribute to the situation.  |
| Describe what the family has done to keep the child(ren) safe and healthy in the past and the resources used. |
| **Parenting Practices** |
| Describe how each parent disciplines the child(ren).  |
| What are the overall parenting/childcare practices used by the caregiver?  |
| **Family Support** |
| Describe the family’s support system.  |
| Family Level ObjectiveS |
| OBJECTIVE | OBJECTIVE START DATE | TARGET END DATE | TASKS |
| FAMILY PERSPECTIVE |
| STATUS OF OBJECTIVE[ ]  Achieved [ ]  Continue current objective [ ]  New [ ]  No longer Applicable | DATE ACHIEVED |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[ ]  Achieved [ ]  Continue current objective [ ]  New [ ]  No longer Applicable | DATE ACHIEVED |
| PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE |
| DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE |
| **Individual Adult Patterns of Behavior** |
| CAREGIVER’S NAME |
| How does the parent manage his/her own life on a daily basis?  |
| **Individual Level Objectives** |
| OBJECTIVE | OBJECTIVE START DATE | TARGET END DATE | TASKS |
| FAMILY PERSPECTIVE |
| STATUS OF OBJECTIVE[ ]  Achieved [ ]  Continue current objective [ ]  New [ ]  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[ ]  Achieved [ ]  Continue current objective [ ]  New [ ]  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 |
| How does the parent manage his/her own life on a daily basis?  |
| **Individual Level Objectives** |
| OBJECTIVE | OBJECTIVE START DATE | TARGET END DATE | TASKS |
| FAMILY PERSPECTIVE |
| STATUS OF OBJECTIVE[ ]  Achieved [ ]  Continue current objective [ ]  New [ ]  No longer Applicable | DATE ACHIEVED |
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| STATUS OF OBJECTIVE[ ]  Achieved [ ]  Continue current objective [ ]  New [ ]  No longer Applicable | DATE ACHIEVED |
| PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE |
| DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE |
| **Child Functioning and Development** |
| Describe how the child functions on a daily basis.  |
| **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 |
| **Assessment Recommendations** |
| **Describe the case and any progress made by the family during the FAR intervention.** |
| [ ]  **Transfer to investigation.** [ ]  1. Indication that maltreatment exists. [ ]  2. An allegation of maltreatment. [ ]  3. Family declined FAR intervention.[ ]  **Case remains open.** [ ]  1. Transfer to CFWS. [ ]  2. Transfer to FRS.[ ]  **Case is closing.** [ ]  1. Family cannot be located. [ ]  2. Family left state. [ ]  3. FAR declined, no further intervention. [ ]  4. FAR declined, staffing held. [ ]  5. FAR successfully completed. [ ]  6. No known needs or safety threats. [ ]  7. Transfer Tribal Authority. [ ]  8. Unable to locate family. [ ]  9. Other: |