

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



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
Child(ren) Name(s)	Person ID	Date of Birth
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 No longer active military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 <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 No longer Applicable			DATE ACHIEVED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 No longer Applicable			DATE ACHIEVED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			

**Individual Adult Patterns of Behavior**

CAREGIVER'S NAME
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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 <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			
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 <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 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: