

Type Case Name and Date of Assessment

DENVER EFFECT

Comprehensive Family Assessment

Case Name:
Referral Date:
Trails Case #:
HH#:
Caseworker:
Phone:
Family Therapist:
Phone:

Reason for Intervention:

Current Case Status: Voluntary Court-Ordered

Parties Involved:

Key members involved in the current case (including children):

<u>Full Name</u>	<u>D.O.B.</u>	<u>Relationship</u>	<u>Location</u>	<u>Contact Info</u>
		Child		

Safety and Risk Assessment:

Safety Assessment:

Risk Assessment:

NCFAS:

Clinical Screening:

Review of Existing Information:

Review of records and summaries of any past experience in the child welfare system or other related systems:

Interviews conducted with reporter and collateral family contacts:

Impressions from initial contact made with family: (e.g., attitudes, perceptions, motivation, etc.)

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Observation of home:

Physical condition of home:

Interactions between adults in home:

Parent/Child interactions:

Parenting / Disciplinary Practices:

Affect of child(ren), e.g., confident, fearful, etc:

Specialized evaluations done as part of the initial assessment or in the recent past related to factors impacting children or adults in the home:

Meetings with Family:

Initial TDM:

**Extended family and other supportive people in attendance:
(e.g., friends, clergy, past service providers)**

Findings / Plans:

Placement / Visitation Plan (if applicable):

**Overview of family issues:
(specify individual's name where appropriate)**

- **Medical**

- **Financial / Employment / Transportation**

- **Substance Abuse**
 Drug(s) of Choice:

 Relevant History:

 Diagnoses:

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Stage of Change:

- **Legal**

History:

Current Status:

- **Social** (e.g., family, parenting, relationship, support system, cultural)

- **Psychiatric**

Diagnoses:

Mental Health Provider:

Medications:

Needs of entire family:

Protective factors for entire family:
(e.g., skills, motivation, social support, etc.)

Broader contexts that affect safety, permanency, and well-being:

Challenges:

Interviews with Children:

Child's Name	Interviewed?	Interviewed away from parents?	Trusted adult Present?

Each child's perception of what is happening, how the current situation might or might not fit within their general experience of being parented, and what they need to feel safe:

Adults in each child's life that they trust or feel they can go to for guidance and support:

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Information from Staff of Other Agencies:

Contact with staff of other agencies or service providers with whom the parents or children are currently or recently involved:

Needs related to safety, permanency, and child well-being identified:

Effective ways of engaging the family in change behaviors:

Impact of services provided:

Referrals for Specialized Assessments:

Specialized assessment referrals that have been made: (e.g., mental health, substance abuse, cognitive/developmental disabilities, vocational, etc.)

Name	Type of assessment	Location	Date	Findings

Resources in place or needed: (e.g., Medicaid, food stamps, transportation, etc.)

Recommendations:

Medical

Financial

Substance Abuse

Treatment Services:

Legal

Social / Family Involvement

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Psychiatric