|  |
| --- |
| State_Seal3DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**INTENSIVE FAMILY PRESERVATION SERVICE (IFPS)/****FAMILY PRESERVATION SERVICE (FPS) EXIT SUMMARY** |
|  |
| SELECT REPORT TYPE:**[ ]** ASSESSMENT ONLY (Complete pages 1-3 and page 6Sections B & C)**[ ]**  FPS SERVICES (Complete all) | **[ ]**  IFPS SERVICES 30-40-DAY (Complete all)IFPS SERVICES 90-DAY (Complete all) **Do not use after****June 30, 2008.****[ ]**  AFTERCARE ONLY (Complete pages 1-3 and page 6-7Sections B & C) |
| REFERRAL DATE | CASE NUMBER | REFERRING CASE WORKER’S NAME |
| REFERRING CASEWORKER’S TELEPHONE NUMBER | CASE WORKER’S FAX NUMBER | CASE WORKER’S E-MAIL ADDRESS |
| DCFS SUPERVISOR’S NAME | SUPERVISOR’S TELEPHONE NUMBER | REFERRING OFFICE |
| **PROVIDER INFORMATION** |
| PROVIDER NAME | THERAPIST NAME |
| **CAREGIVER NAMES** |
| NAME (FIRST, LAST) |
| NAME (FIRST, LAST) |
| **CHILD NAMES** |
| NAME (FIRST, LAST) | ID’D FOR INTERVENTION?YES NO | WHERE IS CHILD LIVING AT END OF INTERVENTION? | TRIBAL AFFILIATION (IF APPLICABLE) |
|  |  **[ ]  [ ]**  | **[ ]**  Home **[ ]**  Other:  |  |
|  |  **[ ]  [ ]**  | **[ ]**  Home **[ ]**  Other:  |  |
|  |  **[ ]  [ ]**  | **[ ]**  Home **[ ]**  Other:  |  |
|  |  **[ ]  [ ]**  | **[ ]**  Home **[ ]**  Other:  |  |
|  |  **[ ]  [ ]**  | **[ ]**  Home **[ ]**  Other:  |  |
| **OTHER PEOPLE LIVING IN HOME** |
| NAME (FIRST, LAST) | RELATIONSHIP | BEGINNING OF INTERVENTION | END OF INTERVENTION |
|  |  | **[ ]**  Yes**[ ]**  No | **[ ]**  Yes**[ ]**  No |
|  |  | **[ ]**  Yes**[ ]**  No | **[ ]**  Yes**[ ]**  No |

**IFPS/FPS EXIT SUMMARY**

Using the North Carolina Family Assessment Scale (NCFAS)

|  |
| --- |
| For each of the domains listed below, provide the NCFAS or NCFAS-R initial and closure overall ratings. In addition, provide a brief summary of the changes or lack of changes from the initial to closure ratings. You may refer to the goals and progress on goals for the more detailed description of the changes. (e.g. Parental Capabilities: Parents are now using more effective discipline methods and have established consistent morning and bedtime routines. See Goal #1 for more details).Please refer to the Definitions for the NCFAS/NCFAS-R when rating each domain. |
| **NCFAS GLOBAL DOMAIN** | **NCFAS RATING FOR OVERALL ENVIRONMENT DOMAIN** |
| ENVIRONMENT | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain. |
| **NCFAS GLOBAL DOMAIN** | **NCFAS RATING FOR OVERALL PARENTAL CAPABILITIES DOMAIN** |
| PARENTAL CAPABILITIES | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain. |
| **NCFAS GLOBAL DOMAIN** | **NCFAS RATING FOR OVERALL FAMILY INTERACTIONS DOMAIN** |
| FAMILY INTERACTIONS | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain. |

|  |  |
| --- | --- |
| **NCFAS GLOBAL DOMAIN** | **NCFAS RATING FOR OVERALL FAMILY SAFETY DOMAIN** |
| FAMILY SAFETY | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain. |
| **NCFAS GLOBAL DOMAIN** | **NCFAS RATING FOR OVERALL CHILD-WELL BEING DOMAIN** |
| CHILD WELL-BEING | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| For Reunification cases only. Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain. |
| **Additional NCFAS Domain to be completed for reunification services only** |
| NCFAS GLOBAL DOMAIN | NCFAS RATING FOR OVERALL CAREGIVER/CHILD AMBIVALENCE DOMAIN |
| CAREGIVER/CHILD AMBIVALENCE | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| Please refer to the Definitions for the NCFAS/NCFAS-R when rating each area and domain. |
| **Additional NCFAS Domain to be completed for reunification services only** |
| NCFAS GLOBAL DOMAIN | NCFAS RATING FOR OVERALL READINESS FOR REUNIFICATION DOMAIN |
| READINESS FOR REUNIFICATION | CLEARSTRENGTH+2 | MILDSTRENGTH+1 | BASELINE/ADEQUATE0 | MILDPROBLEM-1 | MODERATEPROBLEM-2 | SERIOUSPROBLEM-3 |
| Initial Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Closure Overall Assessment | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Brief Summary |
|  |
| **SERVICE PROVIDER REPORT** |
| **Service Providers Report** Address each of these areas in this section so that the DCFS case worker has the information necessary for service planning, including the need for protective services such as out-of-home placement or continuing in-home intervention. Be as realistic and accurate as possible in your assessment of family progress on goals, child safety, and the need for ongoing services  |
| 1. **Goals Addressed**

**Instructions: Provide the following information for each service goal.****Goal 1:** (state goal)1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

**[ ]**  A. **Environment****[ ]**  B. **Parental Capabilities****[ ]**  C. **Family Interactions****[ ]**  D. **Family Safety****[ ]**  E. **Child Well-Being****[ ]**  F. **Caregiver/Child Ambivalence (Reunification Only)****[ ]**  G. **Readiness for Reunification (Reunification Only)**1. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)
 |
|  |
| 1. Family progress on goal:
 |
|  |
| **Goal 2:** (state goal)1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

**[ ]**  A. **Environment****[ ]**  B. **Parental Capabilities****[ ]**  C. **Family Interactions****[ ]**  D. **Family Safety****[ ]**  E. **Child Well-Being****[ ]**  F. **Caregiver/Child Ambivalence (Reunification Only)****[ ]**  G. **Readiness for Reunification (Reunification Only)**1. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)
 |
|  |
| 1. Family progress on goal:
 |
|  |
| **Goal 3:** (state goal)1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

**[ ]**  A. **Environment****[ ]**  B. **Parental Capabilities****[ ]**  C. **Family Interactions****[ ]**  D. **Family Safety****[ ]**  E. **Child Well-Being****[ ]**  F. **Caregiver/Child Ambivalence (Reunification Only)****[ ]**  G. **Readiness for Reunification (Reunification Only)**1. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)
 |
|  |
| 1. Family progress on goal:
 |
|  |
| **Goal 4:** (state goal)1. NCFAS/NCFAS-R domains related to the goal: Check the domains related to each goal.

**[ ]**  A. **Environment****[ ]**  B. **Parental Capabilities****[ ]**  C. **Family Interactions****[ ]**  D. **Family Safety****[ ]**  E. **Child Well-Being****[ ]**  F. **Caregiver/Child Ambivalence (Reunification Only)****[ ]**  G. **Readiness for Reunification (Reunification Only)**1. Summary of treatment/service plan and activities that addressed the goal. (Describe what you did to address the problems and to help the family achieve the goal.)
 |
|  |
| 1. Family progress on goal:
 |
|  |
| 1. **Ongoing Safety of Children/Family Stabilization.**
 |
|  |
| 1. **Ongoing concerns and recommendations for continuing services, resources and/or supports. Please specify child(ren) related to each concern and recommendation.**
 |
|  |
| 1. **Additional Information:**
2. Was any child in a DCFS authorized placement as of the exit date? **[ ]**  Yes **[ ]**  No
3. Was a new CPS report made while the case was open for service? **[ ]**  Yes **[ ]**  No
4. Was this intervention requested for: **[ ]**  Placement Prevention **[ ]**  Reunification
5. Recommendations related to placement:
 |
|  |
| 1. **DCFS concrete funds provided $**      . Approved by (DCFS SW name):
2. **Other funds provided $**     **.**

Briefly describe any items/services purchased or donated: |
|  |
| Based on the Service Record of Dates and Time located on the last page of this document, please report the first and last dates you made face to face contact with the family so we can calculate an accurate intervention or service length. |
| DATE OF FIRST FACE TO FACE CONTACT | DATE OF LAST FACE TO FACE CONTACT(Do not include follow-up, post-intervention phone calls)  | DATE CASE WAS CLOSED |
| NUMBER OF THERAPIST CONTACTS (Meetings with family) | NUMBER OF PARAPROFESSIONAL CONTRACTS (From next page) |
| WAS THE INTERVENTION COMPLETED?**[ ]**  Yes **[ ]**  No | If “no” state reason for incomplete intervention: |
| **Service Provider Hour Summary for This Family****Report hours in each category to the nearest 15 minutes (.25 hour).** | **Therapist** | **Paraprofessional** |
| Total Direct Face-To-Face Contact Hours with Family Members(as calculated on next page, Record of Dates and Time) |  |  |
| Collateral Contacts (Non-Family Contact) |  |  |
| Telephone Contact with Family |  |  |
| Case Related Travel Time |  |  |
| Paperwork |  |  |
| Other (Meetings, Staffings, Supervision) |  |  |
| **TOTAL HOURS** |  |  |
| **Total Number of Miles Driven While Providing Services** |  |  |
| **Total Number of Face to Face Contacts** |  |  |
| **Please document all weekly case update contacts with the case worker below, including voice mail messages.** |
| **Weekly Case updates Made to the DCFS Referring case worker** |
| CONTACT DATES | CONTACT DATES | CONTACT DATES | CONTACT DATES |
| 1. |  | 2. |  | 3. |  | 4. |  |
| 5. |  | 6. |  | 7. |  | 8. |  |
| 9. |  | 10. |  | 11. |  | 12. |  |
| 13. |  | 14. |  | 15. |  | 16. |  |
| 17. |  | 18. |  | 19. |  | 20. |  |
| 21. |  | 22. |  | 23. |  | 24. |  |
| 25. |  | 26. |  | 27. |  | 28. |  |
| The following page is provided to assist in recording intervention and service contact dates and times with the family. It is intended to serve as an ongoing as well as final record of time spent seeing and telephoning the family. You are welcome to submit a copy of this page with your monthly case updates. Please include the Service Record of Dates and Time page with your final Exit Summary. |
| DATE SUBMITTED TO CASE WORKER | THERAPIST’S NAME | DATE  |

**Service Record of Dates and Time**

Direct Face-To-Face and Telephone Contact Dates/Hours with this Family

Travel Time to Include All Case Related Travel

|  |
| --- |
| Complete this table for all services, including IFPS Evaluation and Aftercare; report total hours to the nearest 15 minutes (.25 hour). |
| **THERAPIST** |
|  |  | Face-to-Face Hours | Case-Related Travel Time |
|  | CONTACT DATE | NUMBER OF HOURS | NUMBER OF HOURS |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |
| 23 |  |  |  |
| 24 |  |  |  |
| 25 |  |  |  |
| 26 |  |  |  |
| 27 |  |  |  |
| 28 |  |  |  |
| 29 |  |  |  |
| 30 |  |  |  |
|  |  |  |  |
|  | Total Face-to-Face Contacts | Total Face-to-Face HOURS | Total Care-Related Hours |

|  |
| --- |
| **PARAPROFESSIONAL – Report total hours to the nearest 15 minutes (.25 hour)** |
|  |  | Face-to-Face Hours | Case-Related Travel Time |
|  | CONTACT DATE | NUMBER OF HOURS | NUMBER OF HOURS |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |
| 23 |  |  |  |
| 24 |  |  |  |
| 25 |  |  |  |
| 26 |  |  |  |
| 27 |  |  |  |
| 28 |  |  |  |
| 29 |  |  |  |
| 30 |  |  |  |
|  |  |  |  |
|  | Total Face-to-Face Contacts | Total Face-to-Face HOURS | Total Care-Related Hours |