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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  No longer active military | | | | | | | | | | |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 | | | |
| 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 | | | | | | | | | | | |
| **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: | | | | | | | | | | | |