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| State_Seal3 | ***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)  **Comprehensive Family Evaluation** | | | | | PROGRAM TYPE  FVS  CFWS |
| CASE ID NUMBER |
| **Parent / Caregiver(s) Name(s)** | | | | **Client ID** | | **Date of Birth** |
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| **Child(ren) Name(s)** | | | | **Client ID** | | **Date of Birth** |
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| SOCIAL SERVICE PROFESSIONAL’S NAME | | | EMAIL ADDRESS | | | TELEPHONE NUMBER |
| REASON FOR COMPREHENSIVE FAMILY EVALUATION (CHECK BOXES FOR THE FOLLOWING)  Case closure  New Intake  Change in household composition  Other  Considering unsupervised visits  Reunification with non-custodial parent  Initial Comprehensive Evaluation  Trial return home | | | | | | |
| **Family Situation** | | | | | | |
| 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  No longer active military | | | | | | |
| FAMILY COMPOSITION AND CULTURAL FACTORS | | | | | | |
| Describe the family’s composition and cultural factor | | | | | | |
| CURRENT NEEDS AND CHALLENGES | | | | | | |
| Describe the nature and extent of the maltreatment or family situation | | | | | | |
| SEQUENCE OF EVENTS | | | | | | |
| Describe the everyday life task(s) that contribute to the maltreatment. | | | | | | |
| Describe the surrounding circumstances accompanying the maltreatment or family situation. | | | | | | |

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| **Family Functioning** | | | | |
| SAFETY EVALUATION | | | | |
| SAFETY THREATS | | |  | |
| YES | NO |  | | |
|  |  | The family situation results in no adults in the home performing parenting duties and responsibilities that assure child’s safety. | | |
|  |  | The family situation is that the living arrangement(s) seriously endanger the child’s health. | | |
|  |  | Caregiver(s) do not have or do not use resources necessary to meet the child’s immediate basic needs which present an immediate threat of serious harm to a child. | | |
|  |  | Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child’s safety. | | |
|  |  | Caregiver(s) are not meeting, cannot meet or will not meet the child’s exceptional physical, emotional, medical or behavioral needs. | | |
|  |  | Child sexual abuse is suspected, has occurred or circumstances suggest sexual abuse is likely to occur. | | |
| **Parenting Practices** | | | | |
| Describe how each parent disciplines the child(ren) | | | | |
| What are the overall parenting/childcare practices used by the parent? | | | | |
| Describe what the family has done to keep the child(ren) safe and healthy in the past and the resources used | | | | |
| FAMILY SUPPORT | | | | |
| Describe the family’s support system. | | | | |
| Describe the surrounding circumstances accompanying the maltreatment or family situation. | | | | |
| **Parent / Caregiver Functioning** | | | | |
| SAFETY EVALUATION | | | | |
| SAFETY THREATS | | |  | |
| YES | NO |  | | |
|  |  | Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety. | | |
|  |  | There has been an incident of domestic violence that impacts child safety | | |
|  |  | The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim / caregiver of the child. | | |
|  |  | The domestic violence perpetrator has caused serious harm or threatened serious harm to the child. | | |
|  |  | The level of violence and / or threats towards either the adult victim or child is increasing so that serious harm is likely to occur. | | |
|  |  | There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons. | | |
|  |  | Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety. | | |
|  |  | Caregiver(s) attitudes, emotions or behavior threaten severe harm to a child, or caregiver(s) fear they will maltreat the child and are requesting placement. | | |
|  |  | Caregiver(s) intend(ed) to seriously hurt the child. | | |
|  |  | Caregiver(s) overtly rejects DCYF intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee. | | |
|  |  | Caregiver(s) cannot or will not explain child’s injuries or maltreating condition(s) or explanation is not consistent with the facts. | | |
|  |  | Caregiver(s) are not meeting, cannot meet or will not meet the child’s exceptional physical, emotional, medical or behavioral needs. | | |
|  |  | Child sexual abuse is suspected, has occurred or circumstances suggest sexual abuse is likely to occur. | | |
|  |  | There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons. | | |
|  |  | Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety. | | |
|  |  | Caregiver(s) perceives child in extremely negative terms. | | |
| PARENT / CAREGIVER’S NAME | | | | |
| How does the parent manage his / her own life on a daily basis? | | | | |
| PARENT / CAREGIVER’S NAME | | | | |
| How does the parent manage his / her own life on a daily basis? | | | | |
| PARENT / CAREGIVER’S NAME | | | | |
| How does the parent manage his / her own life on a daily basis? | | | | |
| **Child Functioning** | | | | |
| SAFETY EVALUATION  SAFETY THREATS  YES NO  A child has serious physical injuries or serious physical conditions resulting from maltreatment.  A child demonstrates serious emotional symptoms, self-destructive behavior and / or lack of behavioral control that results in provoking dangerous reactions in caregivers.  A child is extremely fearful of the home situation or people within the home. | | | | |
| CHILD’S NAME | | | | |
| Describe how the child functions on a daily basis. | | | | |
| CHILD’S NAME | | | |
| Describe how the child functions on a daily basis. | | | |
| **Recommendation** | | | |
| ASSESSMENT SUMMARY  Describe the overall progress towards family and individual level objectives and any relevant case information | | | |

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| **Family Level 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 | | | | | | |
| 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 Level Objective** | | | | | | |
| PARENT / CAREGIVER’S NAME | | | | | | |
| 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 | | | | | | |
| 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 | | | | | | |
| 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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| DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE | | | | | | |
| PARENT / CAREGIVER’S NAME | | | | | | |
| 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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| PARENT / CAREGIVER’S NAME | | | | | | |
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| FAMILY PERSPECTIVE | | | | | | |
| STATUS OF OBJECTIVE  Achieved  Continue current objective  New  No longer applicable | | | | | | DATE ACHIEVED |
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| PARENT / CAREGIVER’S NAME | | | | | | |
| 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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| FAMILY PERSPECTIVE | | | | | | |
| STATUS OF OBJECTIVE  Achieved  Continue current objective  New  No longer applicable | | | | | | DATE ACHIEVED |
| PREVIOUS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE | | | | | | |
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| PARENT / CAREGIVER’S NAME | | | | | | |
| 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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| DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE | | | | | | |
| PARENT / CAREGIVER’S NAME | | | | | | |
| 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 Level Objectives** | | | | | | |
| CHILD’S NAME | | | | | | |
| 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’S NAME | | | | | | |
| 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’S NAME | | | | | | |
| 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’S NAME | | | | | | |
| 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 | | | | | | |
| **Safety Decision** | | | | | | |
| FINAL SAFETY DECISION  Safe  Unsafe | FINAL SAFETY PLAN DECISION  No plan required  In-Home Safety Plan  Out-of-Home Safety Plan | | | | | |
| **Case Plan**  The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver’s protective capacities to assure the child’s safety and well being.  **In-Home Case Plan:** This plan is designed to keep children in their home.  **Out-of-Home Case Plan:** This plan is designed to assist in the child’s timely and safe return home. | | | | | | |
| **Signatures** | | | | | | |
| PARENT / GUARDIAN’S SIGNATURE DATE | | | | PARENT / GUARDIAN’S SIGNATURE DATE | | |
| CHILD’S (OVER 12 YEARS) SIGNATURE DATE | | | | OTHER SIGNATURE DATE | | |
| DCYF PROFESSIONAL’S SIGNATURE DATE | | | | SUPERVISOR’S SIGNATURE DATE | | |
| **Recommendation** | | | | | | |
| **Case remains open for continued services.**  Trial return home  Continue in-home services  Continue out-of-home services  Transfer to CFWS  **Case closure is appropriate.**  Safety threats have been eliminated or are being successfully managed by family and / or support network.  The family refuses services and no jurisdiction exists for ordering services through the court.  Other (e.g., all children are legally free or are in completed permanency plans and will not be returning home).  Explain: | | | | | | |