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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 One or both parents have been or are currently deployed.[ ]  No longer active military |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 EVALUATIONSAFETY 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 SUMMARYDescribe 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 |
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| 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 |
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| OBJECTIVE | OBJECTIVE START DATE | TARGET END DATE | TASKS |
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| OBJECTIVE | OBJECTIVE START DATE | TARGET END DATE | TASKS |
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| 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 |
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| 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:  |