



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	
<input type="checkbox"/> FVS	<input type="checkbox"/> CFWS
CASE ID NUMBER	

Parent / Caregiver(s) Name(s)	Client ID	Date of Birth
Child(ren) Name(s)	Client ID	Date of Birth

SOCIAL SERVICE PROFESSIONAL'S NAME	EMAIL ADDRESS	TELEPHONE NUMBER
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REASON FOR COMPREHENSIVE FAMILY EVALUATION (CHECK BOXES FOR THE FOLLOWING)

<input type="checkbox"/> Case closure	<input type="checkbox"/> New Intake
<input type="checkbox"/> Change in household composition	<input type="checkbox"/> Other
<input type="checkbox"/> Considering unsupervised visits	<input type="checkbox"/> Reunification with non-custodial parent
<input type="checkbox"/> Initial Comprehensive Evaluation	<input type="checkbox"/> Trial return home

Family Situation

FAMILY DEVELOPMENT STAGES

<input type="checkbox"/> Infant / preschool children	<input type="checkbox"/> Teenage children	<input type="checkbox"/> Blended family
<input type="checkbox"/> Post parental	<input type="checkbox"/> Unmarried couple	<input type="checkbox"/> School age children
<input type="checkbox"/> Single parent	<input type="checkbox"/> Launching	<input type="checkbox"/> 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No longer active military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.

Family Functioning

SAFETY EVALUATION

SAFETY THREATS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The family situation results in no adults in the home performing parenting duties and responsibilities that assure child's safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | The family situation is that the living arrangement(s) seriously endanger the child's health. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical or behavioral needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | There has been an incident of domestic violence that impacts child safety |
| | | <input type="checkbox"/> <input type="checkbox"/> The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim / caregiver of the child. |
| | | <input type="checkbox"/> <input type="checkbox"/> The domestic violence perpetrator has caused serious harm or threatened serious harm to the child. |
| | | <input type="checkbox"/> <input type="checkbox"/> The level of violence and / or threats towards either the adult victim or child is increasing so that serious harm is likely to occur. |
| | | <input type="checkbox"/> <input type="checkbox"/> 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.
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical or behavioral needs.
<input type="checkbox"/>	<input type="checkbox"/>	Child sexual abuse is suspected, has occurred or circumstances suggest sexual abuse is likely to occur.
<input type="checkbox"/>	<input type="checkbox"/>	There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons.
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety.
<input type="checkbox"/>	<input type="checkbox"/>	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		
<u>SAFETY THREATS</u>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	A child has serious physical injuries or serious physical conditions resulting from maltreatment.
<input type="checkbox"/>	<input type="checkbox"/>	A child demonstrates serious emotional symptoms, self-destructive behavior and / or lack of behavioral control that results in provoking dangerous reactions in caregivers.
<input type="checkbox"/>	<input type="checkbox"/>	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		

Family Level Objective

OBJECTIVE	OBJECTIVE START DATE	TARGET END DATE	TASKS
FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
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DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			

OBJECTIVE	OBJECTIVE START DATE	TARGET END DATE	TASKS
FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
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FAMILY PERSPECTIVE			
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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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> No longer applicable			DATE ACHIEVED
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DISCUSS PROGRESS AND/OR BARRIERS IN ACHIEVING OBJECTIVE			
CHILD'S NAME			
OBJECTIVE	OBJECTIVE START DATE	TARGET END DATE	TASKS
FAMILY PERSPECTIVE			
STATUS OF OBJECTIVE <input type="checkbox"/> Achieved <input type="checkbox"/> Continue current objective <input type="checkbox"/> New <input type="checkbox"/> 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 <input type="checkbox"/> Safe <input type="checkbox"/> Unsafe		FINAL SAFETY PLAN DECISION <input type="checkbox"/> No plan required <input type="checkbox"/> In-Home Safety Plan <input type="checkbox"/> 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.			
<input type="checkbox"/> In-Home Case Plan: This plan is designed to keep children in their home.			
<input type="checkbox"/> 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		PARENT / GUARDIAN'S SIGNATURE	
DATE		DATE	
CHILD'S (OVER 12 YEARS) SIGNATURE		OTHER SIGNATURE	
DATE		DATE	
DCYF PROFESSIONAL'S SIGNATURE		SUPERVISOR'S SIGNATURE	
DATE		DATE	
Recommendation			
<input type="checkbox"/> Case remains open for continued services. <input type="checkbox"/> Trial return home <input type="checkbox"/> Continue in-home services <input type="checkbox"/> Continue out-of-home services <input type="checkbox"/> Transfer to CFWS			
<input type="checkbox"/> Case closure is appropriate. <input type="checkbox"/> Safety threats have been eliminated or are being successfully managed by family and / or support network. <input type="checkbox"/> The family refuses services and no jurisdiction exists for ordering services through the court. <input type="checkbox"/> Other (e.g., all children are legally free or are in completed permanency plans and will not be returning home). Explain:			