

--	--	--	--

First Name	Middle Name	Last Name	Date
-------------------	--------------------	------------------	-------------

Reason <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination	Does the individual have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)
---	---

Medicaid RID	DOB
---------------------	------------

Decision Model Questions (Required)	
0 - No ; 1 - Yes	
	0 1
Has a decision been made by DCS or juvenile court to currently remove a child from the home?	○ ○

LIFE FUNCTIONING DOMAIN					
0 = no evidence of problems		1 = history, mild			
2 = moderate		3 = severe			
	NA	0	1	2	3
Family Functioning	○	○	○	○	○
Living Situation		○	○	○	○
Preschool/Daycare		○	○	○	○
Social Functioning		○	○	○	○
Recreation/Play		○	○	○	○
Developmental		○	○	○	○
Motor		○	○	○	○
Communication		○	○	○	○
Medical		○	○	○	○
Physical		○	○	○	○
Sleep		○	○	○	○
Relationship Permanence		○	○	○	○

CHILD BEHAVIORAL / EMOTIONAL NEEDS				
0 = no evidence				
1 = history or sub-threshold, watch/prevent				
2 = causing problems, consistent with diagnosable disorder				
3 = causing severe/dangerous problems				
	0	1	2	3
Attachment	○	○	○	○
Regulatory	○	○	○	○
Failure to Thrive	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Atypical Behaviors	○	○	○	○
Impulsivity/Hyperactivity	○	○	○	○
Oppositional	○	○	○	○
Adjustment to Trauma	○	○	○	○

CHILD RISK FACTORS				
0 = no evidence		1 = history, watch/prevent		
2 = recent, act		3 = acute, act immediately		
	0	1	2	3
Birth Weight	○	○	○	○
PICA	○	○	○	○
Prenatal Care	○	○	○	○
Labor and Delivery	○	○	○	○
Substance Exposure	○	○	○	○
Parent or Sibling Problems	○	○	○	○
Parental Availability	○	○	○	○

CHILD RISK Behaviors				
0 = no evidence		1 = history, watch/prevent		
2 = recent, act		3 = acute, act immediately		
	0	1	2	3
Self Harm	○	○	○	○
Aggressive Behavior	○	○	○	○
Intentional Misbehavior	○	○	○	○

CAREGIVER STRENGTHS & NEEDS					
	NA	0	1	2	3
Physical	○	○	○	○	○
Mental Health	○	○	○	○	○
Substance Use	○	○	○	○	○
Developmental	○	○	○	○	○
Safety	○	○	○	○	○
Supervision	○	○	○	○	○
Involvement with Care	○	○	○	○	○
Knowledge	○	○	○	○	○
Organization	○	○	○	○	○
Empathy for Child	○	○	○	○	○
Social Resources	○	○	○	○	○
Residential Stability	○	○	○	○	○
Access to Child Care	○	○	○	○	○
Family Stress	○	○	○	○	○
Marital/Partner Violence	○	○	○	○	○
Abuse/Neglect	○	○	○	○	○

