

First Name	Middle Name	Last Name	Date
DOB		Ethnicity	Gender
<input type="checkbox"/> Not Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Latino, Unk Origin		<input type="checkbox"/> M	<input type="checkbox"/> F
Race	Zip Code		
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> White			
Reason	Does the individual have Medicaid?		
<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination	<input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)		
Medicaid RID	SSN		
Mother's Maiden Name:	Provider		

Decision Model Questions (Required)
 NA – Not Applicable; 0 - No ; 1 - Yes

	0	1
Has a decision been made by DCS or the court to remove a child from the home?	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
 2 = moderate 3 = severe

	NA	0	1	2	3
Family	<input type="radio"/>				
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre School/Day Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation/Play		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	N A	0	1	2	3
Attachment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK FACTORS

0 = no evidence 1 = history, watch/prevent
 2 = recent, act 3 = acute, act immediately

	0	1	2	3
Birth Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PICA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor & Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental or Sibling Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
 2 = recent, act 3 = acute, act immediately

	0	1	2	3
Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS

○ Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
 2 = moderate needs 3 = severe needs

	NA	0	1	2	3
Physical	<input type="radio"/>				
Mental Health	<input type="radio"/>				
Substance Use	<input type="radio"/>				
Developmental	<input type="radio"/>				
Safety	<input type="radio"/>				
Supervision	<input type="radio"/>				
Involvement with Care	<input type="radio"/>				
Knowledge	<input type="radio"/>				
Organization	<input type="radio"/>				
Empathy for Child	<input type="radio"/>				
Social Resources	<input type="radio"/>				
Residential Stability	<input type="radio"/>				
Child Care Access	<input type="radio"/>				
Family Stress	<input type="radio"/>				
Marital/Partner	<input type="radio"/>				
Violence	<input type="radio"/>				

