

First Name	Middle Name	Last Name	Date
DOB		Ethnicity	Gender
Race	<input type="checkbox"/> Not Hispanic <input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican <input type="checkbox"/> Cuban	<input type="checkbox"/> Other Hispanic <input type="checkbox"/> Latino, Unk Origin
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Native American	Zip Code	<input type="checkbox"/> M <input type="checkbox"/> F
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	SSN		
Mother's Maiden Name:		Provider	

Decision Model Questions (Required)

0 - No ; 1 - Yes ; 2 = > 14 years old

	0	1	2
Has the child received intensive community based services prior to this assessment?	<input type="radio"/>	<input type="radio"/>	
Has a decision been made by DCS or juvenile court to currently remove a child from the home?	<input type="radio"/>	<input type="radio"/>	
How old is the child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

0 = 5 to 11 1 = 12 to 14 2 = > 14

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
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse / Hyper	<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"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<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"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<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
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<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"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<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"/>
School Functioning		<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		<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"/>
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input type="radio"/>				
Legal		<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"/>
Sexual Development		<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"/>
Attachment		<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"/>				
Social Resources	<input type="radio"/>				
Residential Stability	<input type="radio"/>				
Family Stress	<input type="radio"/>				
Marital/Partner	<input type="radio"/>				
Violence	<input type="radio"/>				

