# Choose an agency

*Tool 3.1*

If Other, Specify: Enter agency

Family Services Assessment

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| --- | --- | --- | --- |
| FRAME # | Enter FRAME # | Assessment # | Enter Assessment # |
| Date Report Received | Select date | Date Case Assigned | Select date |
| CPS Worker Name | First and last name | Supervisor Name | First and last name |
| Case Name | Enter case name | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child(ren) | First and last name | | DOB/Age | Race/Ethnicity  If “Other”, specify | Victim | Yes  No | Face to Face Visit? | Yes Select date  No |
| If No Face to Face Visit Explain Why | | Enter text. | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent(s) / Caregiver(s) | First and last name | Relationship to Child(ren) | Enter text. | Subject | Yes  No |
| Military Affiliation | Yes  No | If Yes, Select Branch of Service | | Choose one | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Adults | First and last name | Relationship to Child(ren) | Enter text. | Subject | Yes  No |
| Military Affiliation | Yes  No | If Yes, Select Branch of Service | | Choose one | |

CASE STAFFING

|  |
| --- |
| Describe reported concerns:  Enter text.  Caregiver response to report:  Enter text.  Immediate needs that were identified during the Family Services Assessment:  Enter text.  Describe Family Prevention Plan and efforts made to connect the family with community-based resources and services:  Enter text. |

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| --- | --- | --- | --- |
| Signatures | | | |
| CPS Worker Signature | Date | Supervisor Signature | Date |