# Choose an agency

*Tool 3.1*

If Other, Specify: Enter agency

Family Services Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child(ren)  | First and last name | DOB/Age | Race/EthnicityIf “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

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| --- |
| 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 |