

FaDSS File Review Template

Head of Household:	Enrollment Date:
Specialist Name:	Date(s) of Prior Review(s): <ul style="list-style-type: none"> Initial:
Reviewed By:	Date Reviewed:

Background for Reviewer:

- ☐ Review the **Gray Header** and the **Family Members** tab to acquaint yourself with the family – their English language proficiency, the family members’ ages and disability statuses, etc.
- ☐ Review the last file review notes in the **Supervision** tab—were any challenges or needs for correction noted?
- ☐ If family speaks a language other than English, ensure that a professional language interpreter was utilized.

Pre-Enrollment*

*Review of Pre-Enrollment is only required for families who are new to the FaDSS program. Once all requirements have been met, ongoing review is not required.

Requirement	Y/N	Notes
<input type="checkbox"/> Referral source notified of receipt of referral		
If family is placed on waiting list Not applicable <input type="checkbox"/>		
<input type="checkbox"/> Referral source notified of family’s placement on waiting list <input type="checkbox"/> Family notified of placement on the waiting list and provided with resources <input type="checkbox"/> Form Letter 1 sent and uploaded in the Documents tab <input type="checkbox"/> Referral source notified when the family came off of the waiting list		

Requirement	Y/N	Notes
Recruitment		
<input type="checkbox"/> Referral source notified of the outcome of the referral <input type="checkbox"/> If recruitment extends beyond one month of receipt of referral, rationale is documented in the Contact narrative & referral source is notified <input type="checkbox"/> If Specialist is unable to reach the family during active recruitment, families were provided Forms Letters 2 or 4 (uploaded in the Documents tab).		

Initial Eligibility & Enrollment*

*Review of the Initial Eligibility Determination and process for family enrollment is only required for families who are new to the FaDSS program. Once all requirements have been met, ongoing review is not required.

Requirement	Y/N	Notes
Initial Eligibility Determination		
Documentation <input type="checkbox"/> Initial Eligibility Determination form is accurately and thoroughly completed and saved in the Documents tab. Make sure that: <input type="checkbox"/> All required family members are listed and their documentation is verified <input type="checkbox"/> Income verification includes verifying the income from an Identified Program or through use of approved verification documents <input type="checkbox"/> All countable sources of income are included and verified		

Requirement	Y/N	Notes
Timeliness <input type="checkbox"/> Completed within 30 days of referral or of coming off the waiting list, OR , if the family needs more than 30 days to provide required documentation, up to an additional 30 days is granted and justification is documented.		
Eligibility <input type="checkbox"/> The family meets all eligibility criteria prior to enrollment in the program <u>OR</u> <input type="checkbox"/> If the family is not determined eligible based on income using one option listed on the form, option two is explored to determine eligibility		
Family Enrollment		

Requirement	Y/N	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Contact narrative at family enrollment provides evidence that Specialist: <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed program expectations and rights and responsibilities with family (see “General Observations” section) <input type="checkbox"/> Established/discussed the family’s estimated timeline for completing the program (see “Timeline/Aftercare” section) <input type="checkbox"/> Family Information at Enrollment tab is accurately and thoroughly completed <input type="checkbox"/> The following items are completed and saved in the Documents tab: <ul style="list-style-type: none"> <input type="checkbox"/> Family Participation Agreement form <input type="checkbox"/> Agency Media Release (if applicable) <input type="checkbox"/> Internal Agency Release (if applicable) <input type="checkbox"/> FIA (PJ families only) <input type="checkbox"/> Collaboration contacts notified of family’s enrollment <input type="checkbox"/> Self-Sufficiency Matrix completed within 60 days of enrollment 		

Service Delivery & Procedural Compliance

Requirement	Notes
<p>Engagement</p> <ul style="list-style-type: none"><input type="checkbox"/> 2 HVs and 1 SC are conducted in each of the first 3 months of enrollment OR appropriate attempts and justification is documented, if not met<input type="checkbox"/> Input is sought from the family during initial months of enrollment and at eligibility reviews to determine service intensity level (see Contact narrative)<input type="checkbox"/> Service intensity met every month OR appropriate attempts have been made and justification documented, if not met<input type="checkbox"/> Service intensity, contact types, and length of visits appropriately match the goals and needs of the family<ul style="list-style-type: none"><input type="checkbox"/> If visits are regularly happening virtually or outside of the family's home, appropriate justification should be documented in the Contact narrative	

Requirement	Notes
<p>Contact Narratives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contacts are time-stamped within 7 days of contact occurring <input type="checkbox"/> Contact type is correct; type of communication and content match definitions (e.g., Significant Contact vs. Other Contact) <input type="checkbox"/> Contact narratives are thorough: <ul style="list-style-type: none"> <input type="checkbox"/> General observations include the location and rationale, an overview of the general situation, activities completed during the visit, and other pertinent info <input type="checkbox"/> The process for assessments/screenings and referrals is clearly documented <input type="checkbox"/> The Goal setting narrative includes a narrative description of the goal setting process. <input type="checkbox"/> The “Timeline/Aftercare” section includes 1) the family’s plan for what they would like to accomplish while in FaDSS and an estimated completion date OR 2) an aftercare plan once an exit date is known and approaching. Aftercare planning includes a description of the informal and formal supports that the program and/or family will put into place to ensure family success after exit <input type="checkbox"/> “Next steps” include a description of the next steps to take place and the next scheduled home visit, as well as needed follow-up contacts 	

Requirement	Notes
<p>Goal-setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Goal 4It! Framework and Steps for Goal 4It! are introduced within the first 1-3 visits <input type="checkbox"/> Family Stepping Stones to Success is completed and saved to the Documents tab: <ul style="list-style-type: none"> <input type="checkbox"/> During the first 1-4 visits OR documented justification of why not <input type="checkbox"/> At least every 6 months thereafter <input type="checkbox"/> Helps the family identify meaningful long-term goals, and the short-term goals that will help get them there <input type="checkbox"/> Engages the family in setting, reviewing, or revising their goals at most HV/QVs (see Contact narrative): <ul style="list-style-type: none"> <input type="checkbox"/> Uses tools to facilitate a family’s process for moving forward (Stepping Stones, My Pathways [for long-term goals], My Goal Plan [for short-term goals], and Potholes & Detours [to facilitate if/then planning]) <input type="checkbox"/> Avoids “to-do lists” as short-term goals <input type="checkbox"/> Helps the family identify their motivation (the “why”) for their goal(s) and visualize the outcome <input type="checkbox"/> Identifies clear next steps on their goals at the end of the visit <input type="checkbox"/> The Goal tab includes: <ul style="list-style-type: none"> <input type="checkbox"/> The family’s goals associated with the correct domains <input type="checkbox"/> Realistic/attainable action steps and timeframes <input type="checkbox"/> The “Reviews” subtab is completed when goals are reviewed/revised with the family and includes a brief description of the review 	

Requirement	Notes
<p>Skill-building and Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conducts meaningful skill-building activities with families (e.g., self-regulation skills, financial literacy, parenting, relationship building, and other life skills) <input type="checkbox"/> Supports family in career development planning and activities <input type="checkbox"/> Description of support for family skill-building is included in the Contact narrative and all activities are appropriately checked off in the “Activities” section 	
<p>Whole Family Engagement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engages the whole family in services, goal-setting, and activities, when appropriate (see Contact narrative) <input type="checkbox"/> Has meaningful/significant engagement with other family members in at least 25% of HV/QVs 	

Requirement	Notes
<p>Assessment and Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> The following assessments/screenings are completed and saved in the Documents tab: <ul style="list-style-type: none"> <input type="checkbox"/> Ecomap (within 60 days) <input type="checkbox"/> DV Screening (within 90 days) <input type="checkbox"/> Child Development Screenings (within 120 days) <input type="checkbox"/> Click or tap here to enter text. <input type="checkbox"/> Click or tap here to enter text. <input type="checkbox"/> Shares results of assessments/screenings with family <input type="checkbox"/> Applies results from assessments/screenings to inform goal-setting, referrals, and other services <input type="checkbox"/> Revisits assessments/screenings when family changes/needs arise (see Contact narrative) and saves newly completed to the Documents tab <input type="checkbox"/> The estimated timeline for completing the program in the “Timeline/Aftercare Planning” section of the Contact narrative reasonably reflects time needed to address the family’s goals 	
<p>Referrals and Follow-up</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes appropriate referrals: <ul style="list-style-type: none"> <input type="checkbox"/> identifies the need in collaboration with the family <input type="checkbox"/> selects appropriate resources/services <input type="checkbox"/> provides a warm handoff <input type="checkbox"/> clarifies the family’s connection process, and <input type="checkbox"/> follows through/up to ensure needs were met 	

Requirement	Notes
Collaboration <ul style="list-style-type: none"> <input type="checkbox"/> Works to streamline and/or coordinate the family's services where possible <input type="checkbox"/> Coaches family on how to advocate for themselves <input type="checkbox"/> Collaborates with other professionals also providing services/supports to the family <input type="checkbox"/> Collaboration contacts are covered by appropriate releases of information (saved in the Documents tab) 	

Eligibility Reviews

Eligibility Review not required for the current file review period <input type="checkbox"/>		
Requirement	Y/N	Notes
Documentation <ul style="list-style-type: none"> <input type="checkbox"/> The Family Eligibility Review tab is accurately and thoroughly completed including all required information: <ul style="list-style-type: none"> <input type="checkbox"/> Family income information is calculated and verified correctly <input type="checkbox"/> The review was completed in the correct month <input type="checkbox"/> The following items are completed and saved in the Documents tab: <ul style="list-style-type: none"> <input type="checkbox"/> Family Participation Agreement form (annually) <input type="checkbox"/> Family Stepping Stones to Success (every six months) <input type="checkbox"/> The Interim Self-Sufficiency Matrix is complete every six months <input type="checkbox"/> If family is not appearing to make progress, Assessment of Program Continuation is completed and saved in the Documents tab (if needed) 		

<p>Eligibility</p> <p><input type="checkbox"/> All eligibility criteria are met for continued enrollment</p> <p>OR</p> <p><input type="checkbox"/> If the family is found ineligible, the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordinator reviewed the determination (see Supervision tab), <input type="checkbox"/> Specialist notified the family and sent the proper form letter, and <input type="checkbox"/> Family began a 3-month transition period following the month of review, including after-care planning 		
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Supervision

Requirement	Y/N	Notes
<input type="checkbox"/> Family staffing and service intensity is completed in the 3 rd month of enrollment <input type="checkbox"/> Files are reviewed at a minimum of every 6 months <input type="checkbox"/> Family staffing and service intensity is completed every 6 months and as needed		

Exit*

*Review of the process for family exit is only required for families who have exited the FaDSS program.

Requirement	Y/N	Notes
<input type="checkbox"/> Family Exit Information tab is accurately and thoroughly completed <input type="checkbox"/> Exit Self-Sufficiency Matrix completed by the 10 th of the month following exit <input type="checkbox"/> Appropriate Form Letters were provided timely to the family and saved in the Documents tab. <input type="checkbox"/> Collaboration contacts were notified of family's exit <input type="checkbox"/> Justification for exiting the family is documented and includes input from the family and coordinator <input type="checkbox"/> If exit is due to no contact , sufficient attempts have been made <input type="checkbox"/> If exit is due to not making progress , FaDSS has made sufficient attempts to troubleshoot with the family (see TBD for list of considerations) **For involuntary family exits ONLY** <input type="checkbox"/> Assessment of Program Continuation is completed and saved in the Documents tab		

General Information:

Tab	Anything missing/inaccurate?	Notes
Gray Header		
Contact Information tab If no email address is listed, confirm that the specialist has a plan to help the family obtain one		

Family Members tab		
FIP History tab Tab reflects all changes to FIP eligibility		
Employment & Income tab Monthly income entered for each month of enrollment		
Activity Outcomes tab Update as needed to reflect the family's current situation		

Additional Tracking:

Requirement	Notes
<input type="checkbox"/> <input type="checkbox"/>	