

Iowa Department of Health and Human Services
Family Risk Assessment

Family Name:
Worker Name:
Household Name:

Incident Number:
Date Completed:

Neglect

- N1 Current allegation is for neglect
 - a. No -1
 - b. Yes 1
- N2 Prior neglect assessments
 - a. None -1
 - b. Assessment only 1
 - c. One confirmed or founded 2
 - d. Two or more confirmed or founded 3
- N3 Household has previously received HHS child welfare services
 - a. No 0
 - b. Yes, previously received services.. 1
 - c. Yes, prior child removal from household 3
- N4 Number of children in household
 - a. Two or fewer -1
 - b. Three or more 1
- N5 Age of youngest child in household
 - a. Three or older 0
 - b. Two or younger 1
- N6 Number of prior assessments
 - a. None 0
 - b. One 1
 - c. Two or more 2
- N7 Age of primary caregiver
 - a. 26 or older -1
 - b. 25 or younger 0
- N8 Primary caregiver has substance use problem
 - a. No 0
 - b. Yes 1

Abuse

- A1 Number of prior assessments
 - a. None -1
 - b. 1 to 3 1
 - c. 4 or more 3
- A2 Household has previously received HHS child welfare services
 - a. No 0
 - b. Yes 2
- A3 Primary caregiver has history of abuse or neglect as a child
 - a. No 0
 - b. Yes 2
- A4 Primary caregiver was placed in protective services as a child
 - a. No 0
 - b. Yes 3
- A5 Caregiver(s) provides supervision inconsistent with the child's needs
 - a. No 0
 - b. Yes 1
- A6 Current allegation is for abuse
 - a. No 0
 - b. Yes 2
- A7 Caregiver(s) involved in disruptive/volatile adult relationships
 - a. No 0
 - b. Yes 1
- A8 Characteristics of children in the household
 - a. Not applicable 0
 - b. Mental health/behavioral problems 2
 - c. Physical disability 2
 - d. Both b. and c. 4

- N9 Child in household has mental health/ behavioral problem
 a. No 0
 b. Yes 1
- N10 Recent or history of domestic violence in the household
 a. No 0
 b. Yes 1
- N11 Caregiver(s) have history of homelessness
 a. No 0
 b. Yes 3

- A9 Caregiver(s) has history of mental health treatment
 a. No, neither caregiver 0
 b. Either caregiver 1
 c. Both caregivers 2
- A10 Secondary caregiver has a substance use problem
 a. N/A - no secondary caregiver 0
 b. No problem with drugs or alcohol..-1
 c. Alcohol only 1
 d. Other drugs or drugs and alcohol combined 2
- A11 Prior abuse assessments
 a. None 0
 b. Abuse assessments (other than sex abuse) 1
 c. Sexual abuse assessments 2
 d. Both b. and c. 3

Total neglect score:

Total abuse risk score:

Scored Risk Level:

Assign family's scored risk level based on the highest score on either the neglect or abuse instrument using the following chart.

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="checkbox"/> -4 to -1	<input type="checkbox"/> -2 to 0	<input type="checkbox"/> LOW
<input type="checkbox"/> 0 to 4	<input type="checkbox"/> 1 to 6	<input type="checkbox"/> MODERATE
<input type="checkbox"/> 5+	<input type="checkbox"/> 7+	<input type="checkbox"/> HIGH

Policy Overrides:

Mark the conditions shown below that are applicable in this case. If any condition is applicable, override final risk to HIGH.

- 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- 2. Non-accidental injury to infant.
- 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- 4. Parent/caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Policy Override Risk Level: HIGH Not applicable

Discretionary Override:

If a discretionary override is made, mark YES and indicate reason. Otherwise, mark NO. (Risk level will be overridden one level HIGHER. Risk level may NOT be lowered.)

NO YES, Override risk level to

Discretionary Override Reason:

Supervisor's Review/Approval of Discretionary Override:

Signature: _____

Date: _____

Final Risk Level: