



Iowa Department of Health and Human Services
Family Risk Reassessment

Family Name: []
Worker Name: []
Household Name: []

Incident Number: []
Date Completed: []

R1 New Confirmed or Founded assessment(s) since the initial Risk Assessment or the last Risk Reassessment

- a. No.....0
b. Yes, Confirmed.....1
c. Yes, Founded.....2

R2 Number of children in Primary Household

- a. 2 or fewer.....-1
b. 3 or more.....1

R3 Age of the youngest child in Primary Household

- a. 3 years or older0
b. 2 years or younger1

R4 Characteristics of any child in the Primary Household

- a. None.....0
b. Diagnosed mental health and/or behavioral problem.....2
c. Physical Disability2
d. Both B and C.....4

R5 Age of Primary Caregiver

- a. 26 years or older.....-1
b. 25 years or younger0

R6 Primary Caregiver has substance use that impacts functioning

- a. No.....0
b. Yes, Primary Caregiver is effectively addressing the substance use need(s).....1
c. Yes, Primary Caregiver is not effectively addressing the substance use need(s).....2

R7 Secondary Caregiver has substance use that impacts functioning

- a. Not applicable, only 1 Caregiver in the Primary Household0
b. No.....0
c. Yes, Secondary Caregiver is effectively addressing the substance use need(s).....1
d. Yes, Secondary Caregiver is not effectively addressing substance use need(s).....2

R8 Primary Caregiver has mental health need(s) that impacts functioning	[]
<input type="checkbox"/> a. No.....	0
<input type="checkbox"/> b. Yes, Primary Caregiver is effectively addressing the identified mental health need(s).....	1
<input type="checkbox"/> c. Yes, Primary Caregiver is <u>not</u> effectively addressing the identified mental health need(s)	2
R9 Secondary Caregiver has mental health need(s) that impacts functioning	[]
<input type="checkbox"/> a. Not applicable, only 1 Caregiver in the Primary Household	0
<input type="checkbox"/> b. No	0
<input type="checkbox"/> c. Yes, Secondary Caregiver is effectively addressing the identified mental health need(s)	1
<input type="checkbox"/> d. Yes, Secondary Caregiver is not effectively addressing the identified mental health need(s)	2
R10 Incident(s) of domestic violence in Primary Household since the last Risk Assessment or Risk Reassessment.	[]
<input type="checkbox"/> a. No.....	0
<input type="checkbox"/> b. Yes.....	1
R11 Caregiver(s) in the Primary Household involved in a disruptive/ volatile adult relationship since the last Risk Assessment or Risk Reassessment. (If R10 above is scored "Yes," select "No" for R11.)	[]
<input type="checkbox"/> a. No.....	0
<input type="checkbox"/> b. Yes.....	1
R12 Housing instability in the Primary Household since the last Risk Assessment or Risk Reassessment.	[]
<input type="checkbox"/> a. No.....	0
<input type="checkbox"/> b. Yes.....	2
R13 Primary Household has identified informal and/or formal supports. (This excludes DHS and DHS child welfare contracted services such as Family-Centered Services, Shelter Services, etc.)	[]
<input type="checkbox"/> a. 3 or more	-1
<input type="checkbox"/> b. 1-2	0
<input type="checkbox"/> c. None	1
R14 Caregiver(s) in the Primary Household provide supervision inconsistent with the child's needs since the last Risk Assessment or Risk Reassessment.	[]
<input type="checkbox"/> a. Not Applicable, child is in an out of home placement.....	0
<input type="checkbox"/> b. No	0
<input type="checkbox"/> c. Yes.....	1
Total Reassessment Score:	[]

SCORED RISK LEVEL:

Risk Score

- 3 to 3
- 4 to 8
- 9+

Scored Risk Level

- LOW
- MODERATE
- HIGH

POLICY OVERRIDES:

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

- 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- 2. Non-accidental injury to an 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).

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:

Based on the risk factors identified, describe how the services and supports are offsetting and/or controlling the risk factors.

If progress is not being made, describe what changes need to be made to offset and/or control the risk factors.