

Iowa Department of Health and Human Services
CINA Services Assessment Summary

Client Name:		
Address:	Home Phone:	Other Phone:
Incident #:	Completion Date:	Addendum Date:
Intake Date:	Child Protection Worker:	County Name/County #:

Household Composition					
Sex: Male (M), Female (F)					
Name	DOB	Sex	Role	FACS ID	Comments

Non-Custodial Parent		
Name:	DOB:	Parent of:
Address:	Phone:	

Concerns Reported

Summary of Previously Confirmed or Founded Reports concerning Subjects					
Date	Incident #	Person Responsible	Type:	Victim	Finding

Summary of Previously Confirmed or Founded Reports concerning Subjects as found in ACAN

Date	Incident #	Person Responsible	Type:	Victim	Finding

Summary of Assessment Process

Additional process information:

ICWA/Native American heritage information:

1. Was mother asked about Native American heritage? Yes No Deceased
2. Was father asked about Native American heritage? Yes No Deceased
3. Was the child's Indian custodian asked about Native American heritage?
 Yes No N/A
4. Was the child asked about Native American heritage? Yes No Child too young
5. Was information received from any other source? Yes No
6. Does the child, parent/Indian custodian reside or domicile on an Indian reservation?
 Yes No
7. Indicate whether the child is or has been a ward of a Tribal court.
 Yes No Unknown
8. Indicate whether a parent or the child possesses an identification card indicating membership in an Indian Tribe. Yes No
9. Based on the answers to the above, is it possible the child is Native American or has Native American ancestry? Yes No Unsure

Document the family's response when asked if the child subject has any Native American heritage and Tribal affiliation. If the child has Tribal affiliation, the name of the Tribe should be documented:

Date/time contacts were attempted:

Supervisory approval of contact delay:

Date/time of supervisory safety decision check back:

Summary of Contacts

Date of contact:

Summary of contact (including date and time of contact, observations, interviews, or other information gathered to determine if the child is in need of assistance as defined by Iowa Code):

Summary of Observations, Findings and Determination of CINA Criteria (See Intake Form and CINA Guidance Tool)

Final Risk Level (based upon completion of the standardized risk assessment):

Low Moderate High

CINA Assessment Summary

(Note assessment of family strengths/needs and recommendations for CINA and services)

Prevention services identified to meet the foster care prevention strategy include (select all that apply):

- Solution Based Casework
- SafeCare
- Mental Health Evaluation/Treatment
- Substance Use/Abuse Evaluation/Treatment
- Treatment Court
- Behavioral Health Intervention Services (BHIS)
- Integrated Health Homes (IHH)
- Domestic Violence Advocacy/Education
- Early ACCESS
- Other (specify):

In the event CINA adjudication occurs, the foster care prevention strategy identified for this family is:

If Recommended for CINA Action, Complete the Following Family Assessment:

Family Functioning Domain	Assessment Findings – Strengths, Needs and Issues Linked to Family Functioning Domains
Child Well-being	<ul style="list-style-type: none"> ▪ Child’s mental health ▪ Child’s behavior ▪ Relationship with peers ▪ School performance ▪ Motivation/Cooperation to stay with family ▪ Relationship with Caregiver(s) ▪ Relationship with siblings
Parental Capabilities	<ul style="list-style-type: none"> ▪ Supervision of children ▪ Mental health ▪ Disciplinary practices ▪ Physical health ▪ Development/enrichment ▪ Use of Drugs/Alcohol
Family Safety	<ul style="list-style-type: none"> ▪ Physical abuse of child ▪ Neglect of child ▪ Sexual abuse of child ▪ Domestic violence ▪ Emotional abuse of child
Family Interactions	<ul style="list-style-type: none"> ▪ Bonding with child ▪ Relationship between parent/caregivers ▪ Expectations of child ▪ Mutual support within the family
Home Environment	<ul style="list-style-type: none"> ▪ Housing stability ▪ Financial management ▪ Income/Employment ▪ Safety in community ▪ Personal hygiene ▪ Habitability ▪ Transportation

Case Disposition	Referral Date:
<input type="checkbox"/> To: _____ for CINA and Case Management	Date:
<input type="checkbox"/> To CPW for Assessment	Date:
<input type="checkbox"/> Information & Referral:	To: Date:
<input type="checkbox"/> Information Only: To:	Date:

Approval	
CPW Signature:	Date:
Supervisor Signature:	Date: