

## Family Assessment Summary

Case Name or Names:			
Address:		Primary Phone:	
		Father Cell:	
		Mother Cell:	
Incident #:		Child Protection Worker:	County Name/County #:
Intake Date:		Completion Date:	
Central Consult?			

<b>Household Composition</b>				
Name:	DOB:	Sex:	Role:	FACS ID:

<b>Non-Custodial Parent</b>			
Name:	DOB:	Parent of:	Phone:

NCP Not Applicable

<b>Concerns Reported</b>	
<<Allegation populates here>>	

<b>Summary of Assessment Process</b>		<b>Date(s)</b>
All required records have been reviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incident Date:		
Child(ren) observed	seen: seen:	
Justification if child observed outside of timeframe:		
Custodial parent(s) interview:	Parent interviewed: Parent Interviewed:	
Non-custodial parent interview (if applicable):		
Evaluation of home environment completed:	<input type="checkbox"/> No – Parent Refused	
Safety Assessment completed:		
Risk Assessment completed:		
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 or settlement?  
 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

Date/Time contacts were attempted:

Supervisory approval of contact delay:

Date/Time Supervisory safety decision check back:

In accordance with Iowa Code 232.71B, when conducting an assessment, the Department of Human Services completes an evaluation of the family which includes the identification of strengths and needs of the child, and of the child's parents, home, and family.

This information is documented in the Family Functioning Domain Criteria (form 470-4138), Family Risk Assessment (Form 470- 4133), Safety Assessment (Form 470-4132), and when applicable a Safety Plan (Form 470-4461). The information is available only to the child, parents, and others with legal access to this information, and then only upon request.

### **Family Functioning Assessment**

#### **Family Risk and Safety Concerns**

Narrative of Current Danger Indicators:

Narrative of Risk Factors:

#### **Child Well-Being**

Narrative of child's strengths:

Narrative of child's vulnerabilities and needs:

#### **Family Strengths Services and Supports**

Narrative of child's parents, home environment and family strengths:

Narrative of child's parents, home environment and family needs:

Child-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.

Parent-specific statements will be kept in separate paragraphs to allow for redaction if needed in dissemination of the report.

**Safety Assessment Summary**

Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm). If no danger indicators were identified, please provide your rationale:

Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger):

Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators:

**Recommendation for Services**

Narrative of existing formal and informal services and supports

Narrative of newly identified or referred services and supports

**Approval**

CPW Signature:	Date:
Supervisor Signature:	Date:
Central Consultant Signature:	Date: