

Intake Form

- Form #:** IF2009.10
- Purpose:** To provide a consistent format for the collection and reporting of demographics, family status, referral data, and service recommendations at commencement of services.
- All information is held in the strictest of confidence and used only by the Department of Human Resources, Promoting Safe and Stable Families Program in the evaluation of Title IV, Subpart 2 program services.
- Use:** Mandatory
An intake form must be completed on every family at commencement of services.
- Distribution:** Family caseworkers, providers of direct services
- Completed Forms:** All sections should be completed and used to complete the online intake on PSSFWeb. *One Intake Form must be submitted for each new family reported in Section A of the Direct Service Summary.* A printed copy of the online intake form must be kept in each family case file and will be needed at the conclusion of services.
- Note: It is important to be as complete as possible in providing information on families. Data collected is used to develop demographic profiles on the families we serve as well as service and outcome statistics on PSSF program services.*

Form

Click here to download a blank intake form.

Details

Only one intake form is completed on a family unless the children live in multiple households. When children from the same family are living in multiple households, one intake form is completed for each household in which there are children who are receiving services. A 'household' equals one family.

Print clearly and make sure copies are legible.

Complete all fields unless instructed otherwise.

When directed to check only one response, please do not check multiple responses.

Do not add categories that are not available unless 'Other' is available as a response and then you must specify what 'other' is.

All forms should be reviewed by the program coordinator prior to their final submission.

Agency/Program Identification

- Provide the Program ID#, Agency and Program Name consistent with your contract.
- Indicate person responsible for completing this intake and their contact information in the event that a follow-up call is necessary to clarify report information.
- The control number can be used to tie PSSF intakes to your own internal identification system for cases. It is recommended that you prefix each control number with the first 3 letters of the month in which the intake is submitted, i.e. intakes in October - OCT-1, OCT-2, OCT-3, intakes in November – NOV-1, NOV-2, NOV-3, etc. This number can be used to identify the family when an exit form is submitted at a later date. Also record this control # in the space provided at the top of the second page of the intake form.

Month Submitted: November 2007	Control #: NOV-1
Program ID#: 999-9999	
Agency: Caring Families Inc,	Completed by: D. Brown
Program Name: Supervised Visitation and Reunification Support Services	Telephone: 678-555-1111

Section A. Primary Caregiver (PC) Information

The primary caregiver or caretaker is defined as the adult who currently has the primary custodial relationship with the child(ren).

The primary caregiver could be any of the following:

- Biological mother or father
- Grandparent or great-grandparent
- Older sibling
- Another relative
- Step-parent
- Foster parent
- Adoptive parent
- Group home or residential facility
- Hospital
- DFCS

- For reporting consistency, whenever possible, it is preferred that the female head of household is identified as the Primary Caregiver. However, if it is more appropriate to identify another individual in this role, then do so. Report both first and last names of the individual.
- In the case of a teen who is receiving supportive services as a result of pregnancy or recent delivery, then they are identified as the Primary Caregiver, regardless of their age.
- In the case of children in a foster care residential placement, the group home or facility is identified as the Primary Caregiver as they have the primary custodial responsibility for the child.
- If children are in temporary state custody, then the foster parent (preferably female head of household) is identified as the Primary Caregiver.

- In rare cases, DFCS may be identified as the Primary Caregiver if the child has been removed from the home but the living arrangement has not yet been identified. In this case, it is very important to identify which county office has custodial responsibility for the children.

Completing Section A.

Provide the following:

- Name - Record both first and last name of the Primary Caregiver.
- Address - Including city and zip code.
- County – Indicate the county of residence of the Primary Caregiver.
- DOB/SSN – Provide at least one of these two. SSN preferred.

Examples

1. Children living with biological/step/adoptive parent or other relative

<p>Section A. Primary Caregiver (PC) Information For reporting consistency, the female head of household is usually identified as the Primary Caregiver (PC).</p>

<input checked="" type="checkbox"/> Check if Primary Caregiver (PC) will participate in any direct services. Check if PC is: <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group/Residential Home <input type="checkbox"/> DFCS	
Name: Jane Smith	
Address: 123 Main St.	
City/State/Zip: Atlanta, GA 30003	County: FULTON
DOB: 9 / 9 / 63	SSN: 123 - 12 - 1234

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Check box if Primary Caregiver will be the recipient of any of the services you are providing.

Provide complete information as requested when Primary Caregiver is a biological/step or adoptive parent, relative or another individual (other than a foster parent) that has the primary custodial relationship.

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Check most appropriate responses to describe Primary Caregiver.

<i>Do not complete the following section if PC is a foster parent, group home or DFCS.</i>		
Ethnicity:		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
<input checked="" type="checkbox"/> African-American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other
Marital Status:		
<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Cohabiting
Indicate highest grade or level completed:		
<input type="checkbox"/> Elementary (1-8)	<input type="checkbox"/> GED	<input checked="" type="checkbox"/> High School
<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree	<input type="checkbox"/> Vocational Training

2. Children in group home

Section A. Primary Caregiver (PC) Information
For reporting consistency, the female head of household is usually identified as the Primary Caregiver (PC).

<input type="checkbox"/> Check if Primary Caregiver (PC) will participate in any direct services.	
Check if PC is: <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Group/Residential Home <input type="checkbox"/> DFCS	
Name: Shady Hills Group Home	
Address: 123 Main St.	
City/State/Zip: Albany, GA 38000	County: DOUGHERTY
DOB: / /	SSN: - -

Do not complete the following section if PC is a foster parent, group home or DFCS.

Ethnicity:		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> African-American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other
Marital Status:		
<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Cohabiting
Indicate highest grade or level completed:		
<input type="checkbox"/> Elementary (1-8)	<input type="checkbox"/> GED	<input type="checkbox"/> High School
<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree	<input type="checkbox"/> Vocational Training

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CHILDREN IN GROUP HOME

Check box to indicate that the Primary Caregiver is a group home or residential facility (including hospitals).

When Primary Caregiver is a group home or residential facility, complete name, full address and county ONLY .

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Do not complete section on demographics.

3. Children in foster home

Section A. Primary Caregiver (PC) Information
For reporting consistency, the female head of household is usually identified as the Primary Caregiver (PC).

<input checked="" type="checkbox"/> Check if Primary Caregiver (PC) will participate in any direct services.	
Check if PC is: <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Group/Residential Home <input type="checkbox"/> DFCS	
Name: Bonita Brown	
Address: 123 Main St.	
City/State/Zip: Gainesville, GA 35000	County: HALL
DOB: / /	SSN: - -

Do not complete the following section if PC is a foster parent, group home or DFCS.

Ethnicity:		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> African-American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other
Marital Status:		
<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Cohabiting
Indicate highest grade or level completed:		
<input type="checkbox"/> Elementary (1-8)	<input type="checkbox"/> GED	<input type="checkbox"/> High School
<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree	<input type="checkbox"/> Vocational School

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CHILDREN IN FOSTER HOME

Check box if Primary Caregiver will be the recipient of any of the services you are providing.

Check box to indicate that the Primary Caregiver is a foster parent.

When Primary Caregiver is a foster parent, complete name, full address and county ONLY.

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Do not complete section on demographics.

Section B. Household Income

- Indicate all sources of income for the household of the Primary Caregiver, not just those generated by the primary caregiver.
- Estimate the total income for the household from all sources.
- Do not complete this section if the Primary Caregiver is a foster parent, group home, residential facility or local County DFCS.

Section B. Household Income <i>Do not complete this section if Primary Caregiver in Section A is a foster or group home, a residential facility or DFCS.</i> Indicate both source and amount of income.			
Source(s). Check all that apply.		Estimated income from all sources that support household. Check one.	
<input type="checkbox"/> Full-time employment	<input type="checkbox"/> SSI - Supplemental Security Income	<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$30,000 - \$39,999
<input checked="" type="checkbox"/> Part-time employment	<input type="checkbox"/> SS - Social Security Benefits	<input checked="" type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$40,000 - \$49,999
<input type="checkbox"/> TANF	<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$50,000 or more
<input checked="" type="checkbox"/> Child support	<input type="checkbox"/> VA - Veteran's Administration		
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Unemployed - No source of income		

Section C. Secondary Caregiver (SC) Information

The Secondary Caregiver is defined as:

1. Another adult in the household who also provides care and supervision for the children.

For example:

- the spouse or partner of a Primary Caregiver
- the parent of a teen mother
- a grandparent or great-grandparent
- sibling
- other relative
- a friend

- OR -

2. Another adult, who does not live in the household but shares custodial responsibility for the children.

For example:

- a separated spouse or partner of the Primary Caregiver
- a divorced spouse of the Primary Caregiver
- the biological father of a child born to a teen mother

Completing Section C.

Provide as much information on the Secondary Caregiver as possible.

Examples

1. When Secondary Caregiver is another adult in the household who also provides care and supervision for the children:

Section C. Secondary Caregiver (SC) Information	
Compete this section when there is another adult living in the household or another adult who has a custodial responsibility for the child(ren) in addition to the Primary Caregiver reported in Section A.	
<input checked="" type="checkbox"/> Check if Secondary Caregiver (SC) will participate in any direct services.	
Name: Ella Smith	
Address: <input checked="" type="checkbox"/> Same as PC or: 222 New St.	
City/State/Zip: Duluth, GA 00000	County: Gwinnett
Relationship to PC: <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Parent <input type="checkbox"/> Other relative <input checked="" type="checkbox"/> Ex-Spouse/Partner <input checked="" type="checkbox"/> Grandparent <input type="checkbox"/> Not related	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting	
Indicate highest grade or level completed: <input type="checkbox"/> Elementary (1-8) <input type="checkbox"/> GED <input checked="" type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Vocational School	

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Check box if Secondary Caregiver will be the recipient of any services.

Complete address information on Secondary Caregiver only if it differs from that of the Primary Caregiver.

Indicate relationship to the Primary Caregiver.

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Check most appropriate responses to describe Secondary Caregiver.

2. When Secondary Caregiver is another adult, who does not live in the household but shares custodial responsibility for the children.

Section C. Secondary Caregiver (SC) Information	
Compete this section when there is another adult living in the household or another adult who has a custodial responsibility for the child(ren) in addition to the Primary Caregiver reported in Section A.	
<input checked="" type="checkbox"/> Check if Secondary Caregiver (SC) will participate in any direct services.	
Name: Jim Green	
Address: <input type="checkbox"/> Same as PC or: 222 New St.	
City/State/Zip: Duluth, GA 00000	County: Gwinnett
Relationship to PC: <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Parent <input type="checkbox"/> Other relative <input checked="" type="checkbox"/> Ex-Spouse/Partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Not related	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting	
Indicate highest grade or level completed: <input type="checkbox"/> Elementary (1-8) <input type="checkbox"/> GED <input type="checkbox"/> High School <input checked="" type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Vocational School	

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Check box if Secondary Caregiver will be the recipient of any services.

Provide complete address information including county of residence.

Indicate relationship to the Primary Caregiver.

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Check most appropriate responses to describe Secondary Caregiver.

Section D. Reunification or Visitation Plan

This section is completed only when the children in the household are in temporary custody (in foster care, a group home or residence, or with a relative) and the plan is to reunify them with the individual listed in this section.

Indicate intended goal for children in an out-of-home placement.

As with the primary caregiver, report the female head of household unless another individual is more appropriate. Acronym for the caregiver with whom the child(ren) will be reunited is "RP" – Reunification Person.

Example:

- *biological parent*
- *grandparent or great-grandparent*
- *other relative*
- *adoptive parent*
- *foster parent*

Completing Section D.

Examples:

1. Plan is for child(ren) to be reunified with their father.

Section D. Reunification or Visitation Plan	
If children listed in Section E are in an out-of-home placement, indicate case plan goal:	
<input checked="" type="checkbox"/> Reunification <input type="checkbox"/> No Reunification Plan <input type="checkbox"/> Sibling Visitation	
If the goal is reunification, provide information on the individual (RP) with whom the child(ren) will be reunified.	
<input checked="" type="checkbox"/> Check if the person identified as the RP will participate in any direct services.	
Name: Tom Parker	
Address: 85 North Ave.	
City/State/Zip: Clayton, GA 33300	County: RABUN

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Check box if this individual will be the recipient of any services.

Provide complete address information including county of residence.

2. Plan is for child to emancipate from an independent living program.

Section D. Reunification or Visitation Plan	
If children listed in Section E are in an out-of-home placement, indicate case plan goal:	
<input type="checkbox"/> Reunification <input checked="" type="checkbox"/> No Reunification Plan <input type="checkbox"/> Sibling Visitation	
If the goal is reunification, provide information on the individual (RP) with whom the child(ren) will be reunified.	
<input type="checkbox"/> Check if the person identified as the RP will participate in any direct services.	
Name:	
Address:	
City/State/Zip:	County:

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Check box for No Reunification Plan.

Additional Comments

A space has been provided for any additional information that you would like to share or feel is relevant to the responses you have selected.

Section E. Information on Children Living in Household

In order for a family/individual to qualify for PSSF-funded services, you must report their children in this section. The exception to this requirement is when a pregnant woman (adult or teen) receiving services is listed as the primary caregiver and does not have other children at the time of intake.

- Report all children living in the household of the Primary Caregiver, whether or not the intent is to provide services to all of them at the time of intake.
- Include all children 17 years of age and under living in the household.
- Do not include teens identified as the Primary Caregiver in Section A regardless of age.
- When the Primary Caregiver is a foster parent, do not report the foster parents' children. Only report the children of the families in their care for whom services are intended.
- In the case of a group home or residential facility, only report the child or children from a single family for whom services are being provided. A separate intake form should be completed for children from other families also residing in the facility if you are providing services to them.

Completing Section E.

- Check if primary caregiver in Section A is pregnant, and indicate due date. Continue and report the other children living in the household. If there are no other children in the household leave the rest of this section blank.
- List the oldest child receiving services first, and then list all other children living in the household in descending order by age (oldest to youngest).
- "DS" - Check this box if child will be provided direct services as a component of the family service plan.
- Report both the first and last name of each child.
- Report gender of child.
- Report date of birth – DOB.
- Using key for education status, indicate current school placement.
- "DD" - Check this box if the child has any identified disabilities - developmental, behavioral, physical, etc. This is particularly important whenever a child's age is older than 17.
- "PCRC" – Primary Caregiver Relationship to Child. Using the key for PCRC/SCRC/RPRC, indicate the code that best describes the relationship of the Primary Caregiver identified in Section A to each child listed.
- "SCRC" – Secondary Caregiver Relationship to Child. Using the key for PCRC/SCRC/RPRC, indicate the code that best describes the relationship of the Secondary Caregiver identified in Section C to each child listed.
- "RPRC" - Reunification Person Relationship to Child. Using the key for PCRC/SCRC/RPRC, indicate the relationship of the individual identified in Section D with whom the children have a reunification plan.

Examples

1. Individual identified as the primary caregiver in Section A is pregnant for the first time.

Section E. Information on Children Living in Household									
Oldest child who is receiving direct services should be listed first, then list all other children by descending age. Do not include any teen listed as the Primary Caregiver in Section A.									
<input checked="" type="checkbox"/> Check if the Primary Caregiver listed in Section A is pregnant (and eligible for services).								Due date: March 31, 2007	
DS	First Name	Last Name	Gender	DOB	Education		PCRC	SCRC	RPRC
					Status	DD			
<input type="checkbox"/>						<input type="checkbox"/>			

2. Primary caregiver is the biological mother. Secondary Caregiver is the biological father of youngest child and has adopted the two older children.

Section E. Information on Children Living in Household									
Oldest child who is receiving direct services should be listed first, then list all other children by descending age. Do not include any teen listed as the Primary Caregiver in Section A.									
<input type="checkbox"/> Check if the Primary Caregiver listed in Section A is pregnant (and eligible for services).								Due date:	
DS	First Name	Last Name	Gender	DOB	Education		PCRC	SCRC	RPRC
					Status	DD			
<input checked="" type="checkbox"/>	Jenna	Chrysler	F	1/1/94	E	<input type="checkbox"/>	B	A	
<input type="checkbox"/>	Mallory	Chrysler	F	2/2/96	E	<input type="checkbox"/>	B	A	
<input type="checkbox"/>	Christopher	Smith	M	3/3/04	P	<input checked="" type="checkbox"/>	B	B	
<input type="checkbox"/>						<input type="checkbox"/>			

3. Children living in a foster home. Plan is for reunification with biological mother.

Section E. Information on Children Living in Household									
Oldest child who is receiving direct services should be listed first, then list all other children by descending age. Do not include any teen listed as the Primary Caregiver in Section A.									
<input type="checkbox"/> Check if the Primary Caregiver listed in Section A is pregnant (and eligible for services).								Due date:	
DS	First Name	Last Name	Gender	DOB	Education		PCRC	SCRC	RPRC
					Status	DD			
<input checked="" type="checkbox"/>	Trish	Smith	F	1/1/99	E	<input type="checkbox"/>	F		B
<input type="checkbox"/>	Martin	Thompson	M	2/2/03	P	<input type="checkbox"/>	F		B
<input type="checkbox"/>	Brian	Thompson	M	6/6/05	I	<input type="checkbox"/>	F		B
<input type="checkbox"/>						<input type="checkbox"/>			

4. Teen is living in a group home. Plan is for emancipation.

Section E. Information on Children Living in Household									
Oldest child who is receiving direct services should be listed first, then list all other children by descending age. Do not include any teen listed as the Primary Caregiver in Section A.									
<input type="checkbox"/> Check if the Primary Caregiver listed in Section A (and eligible for services).								Due date:	
DS	First Name	Last Name	Gender	DOB	Education		PCRC	SCRC	RPRC
					Status	DD			
<input checked="" type="checkbox"/>	Tom	Benson	M	1/1/88	H	<input type="checkbox"/>	H		
<input type="checkbox"/>						<input type="checkbox"/>			

5. Pregnant teen is Primary Caregiver with an 11-month old daughter and is living with her biological mother, who is listed as the Secondary Caregiver, and a sister.

Section E. Information on Children Living in Household									
Oldest child who is receiving direct services should be listed first, then list all other children by descending age. Do not include any teen listed as the Primary Caregiver in Section A.									
<input checked="" type="checkbox"/> Check if the Primary Caregiver listed in Section A is pregnant (and eligible for services).								Due date:	
								4/12/07	
DS	First Name	Last Name	Gender	DOB	Education		PCRC	SCRC	RPRC
					Status	DD			
<input type="checkbox"/>	Elizabeth	Fortuna	F	2/2/95	E	<input type="checkbox"/>	S	B	
<input type="checkbox"/>	Isabel	Nova	F	12/1/07	I	<input type="checkbox"/>	B	G	
<input type="checkbox"/>						<input type="checkbox"/>			

Use this space to provide your own example specific to the types of families you serve.

Section E. Information on Children Living in Household									
Oldest child who is receiving direct services should be listed first, then list all other children by descending age. Do not include any teen listed as the Primary Caregiver in Section A.									
<input type="checkbox"/> Check if the Primary Caregiver listed in Section A is pregnant (and eligible for services).								Due date:	
DS	First Name	Last Name	Gender	DOB	Education		PCRC	SCRC	RPRC
					Status	DD			
<input type="checkbox"/>						<input type="checkbox"/>			
<input type="checkbox"/>						<input type="checkbox"/>			
<input type="checkbox"/>						<input type="checkbox"/>			
<input type="checkbox"/>						<input type="checkbox"/>			

Section F. Referral Information

Referral Source

- Indicate source from which referral was received. Check only one response. Please do not confuse referral source with how the client found out about the program. For example, if a client used the Yellow Pages to find your program, choose "Self" as referral source, not "Other: phone book".

Section F. Referral Information

Referral Source - Check one.	
<input type="checkbox"/> DFCS - TANF	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> DFCS - CPS	<input type="checkbox"/> MHDDAD
<input type="checkbox"/> DFCS - Diversion	<input type="checkbox"/> Other community agency
<input type="checkbox"/> DFCS - CPS Investigating	<input type="checkbox"/> Previous or current participant
<input type="checkbox"/> CPPC or previous CPPC recipient	<input type="checkbox"/> Probation
<input type="checkbox"/> DFCS - Placement Services	<input type="checkbox"/> Self
<input checked="" type="checkbox"/> Juvenile/Family Court	<input type="checkbox"/> School
<input type="checkbox"/> Health Department	<input type="checkbox"/> Shelter
<input type="checkbox"/> Hospital	
<input type="checkbox"/> Other. Specify:	

Reason for Referral

- Indicate the reason(s) your agency has been asked to provide services to this child or family. Although several reasons may be applicable, limit your responses to those that are most relevant and your agency is qualified to address.

Reason for referral - Check all that apply.		
<input type="checkbox"/> Academic/educational support	<input type="checkbox"/> Crisis intervention	<input type="checkbox"/> Parenting
<input type="checkbox"/> After school activities	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Relative caregiver support
<input type="checkbox"/> Child abuse	<input type="checkbox"/> Health management	<input type="checkbox"/> Reunification services
<input type="checkbox"/> Child behavior	<input type="checkbox"/> Homelessness	<input type="checkbox"/> School absenteeism
<input checked="" type="checkbox"/> Child neglect	<input type="checkbox"/> Employment training	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Counseling	<input type="checkbox"/> Life skills training	<input checked="" type="checkbox"/> Substance abuse
<input type="checkbox"/> Other. Specify:	<input type="checkbox"/> Placement support	<input type="checkbox"/> Teen pregnancy

Family Status at Referral/Intake

- Indicate family status/involvement with DFCS at commencement of services. Check only one response. Descriptions follow.
- Family status information should be available from the referring agency or may be determined during initial assessment period.

Family Status at Referral/Intake. Check one.
<input type="checkbox"/> No CPS/DFCS Involvement
<input type="checkbox"/> CPS Diversion
<input type="checkbox"/> CPS Investigating
<input type="checkbox"/> Screened-out CPS
<input type="checkbox"/> Closed CPS - Unsubstantiated
<input type="checkbox"/> Closed CPS - Substantiated Low Risk
<input checked="" type="checkbox"/> Open CPS - Risk of Placement
<input type="checkbox"/> Open Placement (in foster or relative care)
<input type="checkbox"/> Open Placement /Independent Living Program (ILP)
<input type="checkbox"/> Leaving Foster Care/Aftercare

Family Status Descriptions

- No CPS/DFCS Involvement: This would include any family or individual who is not currently involved with DFCS Child Protective Services.
- CPS - Diversion: Cases of suspected abuse or neglect that were assessed as low risk or unsubstantiated and a CPS investigation was not warranted. Referred for community-based supports and services.
- CPS Investigating: Investigating case of suspected child maltreatment. No determination yet.
- Screened-out CPS: A referral received by the DFCS office that is *not accepted for investigation* because it does not meet the requirements for a report of child maltreatment. Requirement criteria to open an investigation includes: a child under 18 years old; and/or allegations of abuse, neglect, and/or exploitation by a caretaker (including parent, step-parent, school personnel, day care personnel, or residential home or facility worker).
- Closed CPS - Unsubstantiated: This is a case disposition for a CPS referral that *has been investigated* (vs. screened out CPS without an investigation), but it was determined that the evidence collected did not suggest that child abuse, neglect, and/or exploitation had occurred or that a child is at risk of maltreatment.
- Closed CPS - Substantiated (Low Risk): This is a case disposition for a CPS referral that has been investigated and a determination made that the evidence collected suggested that the child abuse, neglect, and/or exploitation had occurred and/or that the child is at risk of maltreatment. However, it is determined by assessing the risk that the likelihood of future maltreatment (abuse, neglect, and/or exploitation) is low and the case is closed.
- Open CPS - Risk of Placement: When there is a high likelihood that a child will come into foster care because of the inability of the caretaker to ensure a child's protection and safety.
- Open Placement: Generally, the case plan goal is the return of a child in foster care to a parent, relative, or legal custodian. Although reunification usually means the return of the child to the person who had custody of the child prior to the child coming into care, it can mean the return of the child to another family member, the person to whom the child(ren) will be returned listed in Section D.
- Open Placement/Independent Living Program (ILP): This is a case where a youth has been placed in a group home or residential facility; there is little or no chance of permanent placement; and the goal is the development and implementation of an independent living plan.
- Leaving Foster Care/Aftercare: Youth aged 18 or older who has opted to leave the foster care system.

Family Assessment

- Check if a child/family/caregiver assessment was conducted by your agency, or by the referring agency, in the preparation of a family service plan (prior to or at the commencement of services). Provide date of assessment.

<p>Family Assessment</p> <p><input type="checkbox"/> Prior to or at the commencement of services, a child/family/caregiver assessment was conducted to facilitate the development of an individual family service plan.</p> <p>Date: _____</p>

Family Team Meeting

- Indicate if a Family Team Meeting has been convened by DFCS. Provide date of meeting.

<p>Family Team Meeting</p> <p><input type="checkbox"/> Family team meeting convened.</p> <p>Date: _____</p>
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Section G. Service Plan

Identify Primary Services Planned for Family/Individual.

- Based on the request by referring agency and/or agency administered child/family/caregiver assessment, identify the primary PSSF-funded services recommended for this family/individual at the time of referral that your agency will provide.
- Only indicate those services that are included on your approved Service Delivery/Payment Schedule.

Section G. Service Plan		
Identify services or activities (approved deliverables – Annex D) included on the individualized case/service plan.		
<input type="checkbox"/> 1.0 Adoption promotion	<input type="checkbox"/> 11.0 Family conferencing / FTM	<input type="checkbox"/> 19.5 Recreational/child enrichment
<input type="checkbox"/> 2.1 Foster care transitional support	<input type="checkbox"/> 11.5 Family mediation	<input type="checkbox"/> 20.0 Residential after-care services
<input type="checkbox"/> 3.0 Case management/service coordination	<input type="checkbox"/> 12.0 Family life skills	<input type="checkbox"/> 21.0 Respite care
<input type="checkbox"/> 4.1 Center-based parent education	<input type="checkbox"/> 12.3 Job training	<input type="checkbox"/> 22.0 Stress/anger management
<input type="checkbox"/> 4.2 Co-parenting/healthy marriage workshop	<input checked="" type="checkbox"/> 13.0 Follow up services	<input type="checkbox"/> 23.0 Substance abuse recovery support
<input type="checkbox"/> 5.1 Center-based support group - adults	<input type="checkbox"/> 14.0 Healthcare screening/services	<input type="checkbox"/> 24.0 Substance abuse treatment
<input type="checkbox"/> 5.2 Center-based support group - children	<input type="checkbox"/> 14.5 Healthcare assistance/benefits	<input type="checkbox"/> 25.0 Supervised family visitation
<input type="checkbox"/> 5.5 Informal community support	<input type="checkbox"/> 14.6 Mental health treatment	<input checked="" type="checkbox"/> 26.1 Therapeutic counseling - individual
<input checked="" type="checkbox"/> 6.0 Child/family assessment	<input type="checkbox"/> 14.7 Drug screen	<input type="checkbox"/> 26.2 Therapeutic counseling - family
<input type="checkbox"/> 6.5 Family ICA completed	<input type="checkbox"/> 15.0 Home-based parent education	<input type="checkbox"/> 26.3 Therapeutic counseling - group
<input type="checkbox"/> 7.0 Childcare	<input type="checkbox"/> 16.0 Information & referral services	<input type="checkbox"/> 99.5 WIC
<input type="checkbox"/> 8.0 Client transportation assistance	<input type="checkbox"/> 17.0 Legal advocacy/counseling	<input type="checkbox"/> 99.7 Emergency financial assistance
<input type="checkbox"/> 9.0 Crisis intervention/management	<input type="checkbox"/> 18.1 Mentoring services	<input type="checkbox"/> 99.8 Housing assistance/residential support
<input type="checkbox"/> 10.1 Effective discipline	<input type="checkbox"/> 18.2 Tutoring/educational services	<input type="checkbox"/> 99.0 Other. Specify:
<input type="checkbox"/> 10.2 Behavior management	<input type="checkbox"/> 19.0 Parent/child group activities	