

Case Name: _____

Case Number: _____

RHODE ISLAND

**FAMILY CENTERED RISK, AND PROTECTIVE CAPACITY
ASSESSMENT
AND SERVICE PLAN**

OVERVIEW AND INSTRUCTIONS

A comprehensive assessment is a “process,” not the completion of a “tool.” However tools are supportive in decision making. This tool is to assist the worker in determining the level of risk to which a child/youth in the family is exposed. The identification of risk factors does not always indicate that a child/youth is at risk of abuse or neglect. If the caregiver can mitigate the risk through their protective capacity, then no intervention is needed. It is up to the individual conducting the assessment to learn about the protective capacities of the Caregiver.

Protective capacities are the resources and characteristics of the family members that can directly contribute to the protection and development of the child/youth. It is important to note that the assessment of protective capacity is not simply a listing of the positive qualities and resources; *the protective capacities must be relevant and dynamically involved in offsetting the risks related to abuse/neglect.* The protective capacities often have to be deliberately mobilized to play a relevant role within the service plan.

Individual characteristics contributing to protection: good cognitive and social skills, a positive self-perception, motivation to change, a willingness to seek support, an awareness of the threats to safety, ability to take action to protect child/youth, self-discipline, and focus on acquiring knowledge and skills.

Environmental characteristics contributing to protection: support from family and friends, stability of the living environment, positive interactions with others, and a connection to the community.

Date of Completed Assessment and Service Planning Process: _____

Who was involved in the initial assessment and Service Planning process? (*It is critical that the family be actively involved in describing their own needs and determining which services will best meet those needs*)

Name	Relationship to Child/Youth/Family

Based on this assessment, what is the Child’s Permanency Goal?

FAMILY'S STORY

This is the section to describe the status of the family and any background information that you think is pertinent.

SECTION I. CHILD/YOUTH ASSESSMENT

CHILD/YOUTH SUBSTANCE ABUSE	Name of Child/Youth:
Information Compiled from Family and Other Sources:	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> History of substance abuse, but no current problem. <input type="checkbox"/> Has completed treatment and remained free from substance abuse for more than one year. <input type="checkbox"/> Is voluntarily involved in treatment, has regularly attended support groups or meetings for at least six months. <input type="checkbox"/> Infrequent use of drugs and/or alcohol which occasionally impairs functioning. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Social and/or support network includes known abusers of drugs and alcohol. <input type="checkbox"/> Has failed treatment programs or has not completed treatment in past. <input type="checkbox"/> Successful completion of treatment and current regular use of alcohol or drugs. <input type="checkbox"/> History of DUI and/or drug or alcohol related criminal activities. <input type="checkbox"/> Has begun treatment although has not established consistent participation. <input type="checkbox"/> Heavy use is occasional, weekends or situational, rather than an established pattern indicating addiction. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Substantial incapacity due to substance abuse or addiction. <input type="checkbox"/> Use of substances results in emotionally abusive and/or violent behavior. <input type="checkbox"/> Youth found with drug- making paraphernalia. <input type="checkbox"/> Recent (within past six months) history of DUI/DWI and/or drug or alcohol related criminal activities. <input type="checkbox"/> Lack of school attendance due to substance abuse. <input type="checkbox"/> Denial of impact of substance abuse on youth's ability to function on a day to day basis. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Child/youth has a strong sense of his/her own struggle in the area of drugs and alcohol and takes active steps to control his/her substance abuse. <input type="checkbox"/> Child has sought out peers who do not use substances. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		
5.		
6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Child/youth has strong goals and understands that substance abuse will get in the way of those goals. <input type="checkbox"/> Child/youth indicates that substance abuse of family members has caused him to stay away from drugs or alcohol. <input type="checkbox"/> Child/youth has friends who do not use substances –and are involved in positive activities. <input type="checkbox"/> Parents or kin are supportive of the child/youth and willing to support him/her to address issues. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

CHILD/YOUTH'S MENTAL HEALTH/DEVELOPMENTAL STABILITY

Name of Child/Youth:

Information Compiled from Family and Other Sources:

<p>No Risk Identified</p>	<p><input type="checkbox"/></p>
<p>Low/Moderately Low Risk</p>	<p><input type="checkbox"/> Child/youth displays minor behavioral problems with no physical, mental, social or developmental delays.</p> <p><input type="checkbox"/> Child/youth has minor illness/medical condition requiring periodic parental attention.</p> <p><input type="checkbox"/> Child/youth has mild developmental delay.</p> <p><input type="checkbox"/> Child/youth has minor hyperactivity or depression.</p> <p><input type="checkbox"/> Comment:</p>
<p>Moderate Risk</p>	<p><input type="checkbox"/> Child/youth is behaviorally disturbed/significant physical, mental, social or developmental delays.</p> <p><input type="checkbox"/> Child/youth has medical condition, physical disability or psychological condition requiring regular parental and/or medical attention.</p> <p><input type="checkbox"/> Child/youth has behavior problems which interfere with academic performance and social relationships with peers.</p> <p><input type="checkbox"/> Child/youth has significant pattern of aggression or withdrawal at school, home or with friends.</p> <p><input type="checkbox"/> Child/youth may exhibit inappropriate behavior for their age.</p> <p><input type="checkbox"/> Child/youth is overeating, losing weight or other changes in diet.</p> <p><input type="checkbox"/> Child/youth is occasionally violent and dangerous to others.</p> <p><input type="checkbox"/> Child/youth displays some self-destructive behavior.</p> <p><input type="checkbox"/> Comment:</p>
<p>Moderately High/High Risk</p>	<p><input type="checkbox"/> Child/youth has profound physical, mental, social or developmental delay.</p> <p><input type="checkbox"/> Low birth weight and/or medically fragile infant.</p> <p><input type="checkbox"/> Child/youth has extreme and challenging behaviors requiring almost constant management and supervision.</p> <p><input type="checkbox"/> Child/youth is reliant on Caregiver for total care due to physical/developmental disability.</p> <p><input type="checkbox"/> Child/youth's behavior causes regular removal from academic and social environments.</p> <p><input type="checkbox"/> Child/youth exposes himself to risky situations without knowledge of danger.</p> <p><input type="checkbox"/> Child/youth is violent and dangerous to others and self.</p> <p><input type="checkbox"/> Child/youth is involved in coercive, aggressive sexual behavior.</p> <p><input type="checkbox"/> Child/youth is involved in mutilation/killing of animals.</p> <p><input type="checkbox"/> Comment:</p>
<p>Protective Capacities Identified that Mitigate Risk</p>	<p><input type="checkbox"/> The family has sought out mental health services for the child/youth and is involved in helping the child resolve issues.</p> <p><input type="checkbox"/> Family follows recommendations of mental health professionals.</p> <p><input type="checkbox"/> Kin/family friends are supportive and offer opportunities for the caregivers to have a break from the stress.</p> <p><input type="checkbox"/> Other:</p>
<p>Is Intervention needed in this area?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.</p>

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
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4.		
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6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver is sympathetic to the child/youth's needs. <input type="checkbox"/> Caregiver wants to understand child/youth's needs. <input type="checkbox"/> Family has a primary care physician who is helpful to the family in meeting child's needs. <input type="checkbox"/> Child/youth has friends who are involved in positive activities at school or within the community. <input type="checkbox"/> Kin/family friends offer a listening ear to the caregivers. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

**CHILD/YOUTH'S
EDUCATIONAL STABILITY**

Name of Child/Youth:

Information Compiled from Family and Other Sources:

<p>No Risk Identified</p>	<p><input type="checkbox"/></p>
<p>Low/Moderately Low Risk</p>	<p><input type="checkbox"/> Child/youth has minor school problems –with some problems in completing school work.</p> <p><input type="checkbox"/> Child/youth has occasional truancy.</p> <p><input type="checkbox"/> Child/youth has some problem making friends—but does not seem stressed by this.</p> <p><input type="checkbox"/> Child/youth has difficulty concentrating at school.</p> <p><input type="checkbox"/> Comment:</p>
<p>Moderate Risk</p>	<p><input type="checkbox"/> Child/youth behavior causes regular removal from academic environments.</p> <p><input type="checkbox"/> Child/youth is truant often (at least one time weekly).</p> <p><input type="checkbox"/> Child/youth is behind in more than one class—and does not appear concerned.</p> <p><input type="checkbox"/> Child/youth's friends do not regard school as important.</p> <p><input type="checkbox"/> Child/youth's lack of concentration in classes is resulting in failing one or more class.</p> <p><input type="checkbox"/> Due to foster care or involvement in the juvenile justice system—child/youth has had to change schools.</p> <p><input type="checkbox"/> Comment:</p>
<p>Moderately High/High Risk</p>	<p><input type="checkbox"/> Child/youth is truant 3+ days per week.</p> <p><input type="checkbox"/> Child/youth has no friends at school or those child/youth does have are involved in illegal activities.</p> <p><input type="checkbox"/> Child/youth is failing almost all classes.</p> <p><input type="checkbox"/> Child does not regard school as important and has dropped out of school.</p> <p><input type="checkbox"/> Comment:</p>
<p>Protective Capacities Identified that Mitigate Risk</p>	<p><input type="checkbox"/> Family is actively involved in child/youth's education.</p> <p><input type="checkbox"/> Child is receiving help for educational concerns.</p> <p><input type="checkbox"/> Other:</p>
<p>Is Intervention needed in this area?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.</p>

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
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4.		
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6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Child/youth expresses confidence in school or child/youth enjoys school. <input type="checkbox"/> Child/youth has Caregivers who are actively involved in child/youth's education. <input type="checkbox"/> Siblings have been successful in school and are supportive of child/youth success. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

MEDICAL/DENTAL NEEDS OF CHILD/YOUTH/PARENT/CAREGIVER	Name of Family Member:
Information Compiled from Family and Other Sources	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Caregiver/child/youth has some mild physical limitations causing minimal interference with some daily activities. <input type="checkbox"/> Caregiver/child/youth has developmental delay and relies on consistent support to manage daily activities. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> A physical impairment interferes significantly with the capacity to parent. <input type="checkbox"/> Infant is irritable and/or distressed and often difficult to console. <input type="checkbox"/> Caregiver/child/youth is being supervised by a physician for a physical condition, but does not consistently comply with treatment plan. <input type="checkbox"/> Caregiver/child/youth requires consistent support to manage daily activities, but does not have the help required. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Acute or chronic illness or disability that significantly impairs the caregiver's ability to care for child/youth. <input type="checkbox"/> Acute or chronic illness or disability that significantly impairs child/youth's ability to attend school or do normal child/youth activities <input type="checkbox"/> Caregiver impairment causes failure of caregiver to recognize dangers and protect child/youth from harm. <input type="checkbox"/> Caregiver/child/youth has history of injuries, assaults, exploitation due to physical impairment. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Caregiver is able to verbalize child/youth's medical conditions—knows what they need. Has plan for caring for child/youth. <input type="checkbox"/> Caregiver maintains their own health/child/youth's health by having check ups. <input type="checkbox"/> Caregiver maintains their child/youth's immunizations and regular medical check ups. <input type="checkbox"/> Kin/family friends provide respite to the family as stress relief from managing child/youth's medical issues. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
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Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver/child/youth is involved in support groups and activities that help him/her in dealing with the physical limitations/health issues. <input type="checkbox"/> Caregiver has an optimistic approach to life, even given physical limitations. <input type="checkbox"/> Kin and family friends offer emotional support. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

CHILD/YOUTH VULNERABILITY/SELF PROTECTION	Name of Child/Youth:
Information Compiled from Family and Other Sources	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Child/youth knows how to maintain safety of self to avoid abuse. <input type="checkbox"/> Child/youth recognizes the behavior as abusive, but cannot consistently avoid it. <input type="checkbox"/> Child/youth is able to physically resist abuse. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Child/youth can occasionally maintain safety to protect self from abuse. <input type="checkbox"/> Child/youth is unable to distinguish between abuse and discipline. <input type="checkbox"/> Child/youth occasionally seeks assistance to protect self. <input type="checkbox"/> Child/youth has a relationship with person outside home, not consistently available for protection. <input type="checkbox"/> Child/youth is reluctant to be with caregiver. <input type="checkbox"/> Child/youth is fearful of retaliation from caregiver. <input type="checkbox"/> Child/youth is fearful of home environment due to domestic violence, drug/alcohol use, dangerous people and/or health and safety issues. <input type="checkbox"/> Child/youth leaves the house to avoid abuse/neglect—involved in questionable activities. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Child/youth is unable to maintain safety to protect self. <input type="checkbox"/> Child/youth views abuse as normal and acceptable. <input type="checkbox"/> Child/youth lives or is left in unsafe environments. <input type="checkbox"/> Child/youth is not supported in efforts to seek help or protection. <input type="checkbox"/> Child/youth is unable to communicate or seek assistance <input type="checkbox"/> Child/youth is 0 to 5 years old or a child/youth with special needs. <input type="checkbox"/> Child/youth has no visibility in the community. <input type="checkbox"/> Child/youth blames self for abuse. <input type="checkbox"/> Child/youth recants or denies substantiated abuse. <input type="checkbox"/> Child/youth hides or minimizes injuries. <input type="checkbox"/> Child/youth leaves the house to avoid abuse/neglect –involved in illegal activities. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Child/youth knows where to go for help—can dial phone number or go to neighbor, etc. <input type="checkbox"/> Child/youth has developed relationships with people outside the family system who can support him/her. (Can identify phone numbers and/or addresses). <input type="checkbox"/> Non-abusive caregiver is supportive of child/youth’s relationships with friends and family who can help keep the child/youth safe. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
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6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Child/youth expresses trust of one of his/her caregivers. <input type="checkbox"/> Family member can recite times when they have played together and had fun. <input type="checkbox"/> Caregivers can express positive things about the child/youth. <input type="checkbox"/> Caregivers express remorse for hurting/neglecting child. <input type="checkbox"/> Child/youth has a hopeful attitude. <input type="checkbox"/> There are concerned family members who offer to help. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

Section II. To Be Completed For Each Parent or Caregiver

PARENTING/EMPATHY/BONDING	Name of Parent/Caregiver:
Information Compiled from Family and Other Sources:	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Caregiver provides inconsistent expression of acceptance and inconsistent stimulation. <input type="checkbox"/> Caregiver rarely praises child/youth although can identify strengths/positive qualities in child/youth if asked. <input type="checkbox"/> Caregiver is critical when child/youth makes normal developmental mistakes or errors. <input type="checkbox"/> Caregiver is overly protective of child/youth limiting interaction with peers, family members, etc. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Caregiver has significant gaps in knowledge or skills that interfere with effective parenting. <input type="checkbox"/> Caregiver has limited understanding of child/youth's developmental stage, skills and abilities. <input type="checkbox"/> Caregiver consistently demonstrates unrealistic expectations of child/youth. <input type="checkbox"/> Caregiver reacts with a consistently negative response to child/youth. <input type="checkbox"/> Caregiver engages in harsh physical punishment. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Caregiver has gross deficits in parenting knowledge/inappropriate expectations of child/youth. <input type="checkbox"/> Caregiver has little or no understanding of child/youth's developmental skills and assigns child/youth tasks beyond their capacities. <input type="checkbox"/> Caregiver scapegoats child/youth, assigning blame and engaging in physical punishment. <input type="checkbox"/> Caregiver punishes child/youth for age appropriate behaviors. <input type="checkbox"/> Caregiver does not intervene when young child/youth is in dangerous situations. <input type="checkbox"/> Caregiver demonstrates helplessness and hopelessness to control child/youth's dangerous or out-of-control behaviors. <input type="checkbox"/> Caregiver rewards child/youth for anti-social and/or negative behaviors. <input type="checkbox"/> Caregiver does not recognize or respond to child/youth's needs. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Kin offer in-home, frequent support to the caregiver in learning to parent. <input type="checkbox"/> Kin/family friends offer love and nurturing to children. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		
5.		
6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver enjoys spending time with child/youth. <input type="checkbox"/> Caregiver asks questions about child/youth's day. <input type="checkbox"/> Caregiver expresses willingness to learn more about child/youth's needs. <input type="checkbox"/> Caregiver attends school meetings and/or activities. <input type="checkbox"/> Caregiver has toys that are age appropriate/reads to child/youth. <input type="checkbox"/> Child/youth seeks out caregiver for comfort. <input type="checkbox"/> Extended family is emotionally supportive of caregiver. <input type="checkbox"/> Other	

PROGRESS REVIEW	Date of Progress Review:
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Results of Progress Review:
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home

Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

PARENT/CAREGIVER MENTAL HEALTH	Name of Parent/Caregiver:
Information Compiled from Family and Other Sources	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> A mental, emotional, intellectual impairment mildly interferes with the capacity to parent. <input type="checkbox"/> Caregiver has emotional problems for which he/she is receiving effective treatment. <input type="checkbox"/> Caregiver has low tolerance for stressors and may react in emotionally inappropriate ways. <input type="checkbox"/> Caregiver has developmental delay and relies on consistent support to manage daily activities. <input type="checkbox"/> Caregiver has low-self esteem, anxiety attacks and mood swings that minimally impact parenting functions. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> A mental, emotional, or intellectual impairment interferes significantly with the capacity to parent. <input type="checkbox"/> Caregiver is being supervised by a physician for a physical, mental or emotional condition, but does not consistently comply with treatment plan. <input type="checkbox"/> Caregiver is depressed and unable to provide nurturance and stimulation to child/youth. <input type="checkbox"/> Caregiver requires consistent support to manage daily activities, but does not have the help required. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Due to a mental, emotional, or intellectual impairment, capacity to parent is severely inadequate. <input type="checkbox"/> Caregiver has serious mental illness, but refuses to participate in treatment plan. <input type="checkbox"/> Caregiver's physical, mental or emotional impairment causes them to be vulnerable to dangerous situations. <input type="checkbox"/> Caregiver impairment causes failure of caregiver to recognize dangers and protect child/youth from harm. <input type="checkbox"/> Caregiver has history of injuries, assaults, exploitation due to mental or emotional impairment. <input type="checkbox"/> Caregiver behavior may include delusions and hallucinations. <input type="checkbox"/> Caregiver has history of suicide attempts. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Caregiver has sought treatment for mental health issues and is using the information and learning to improve parenting. <input type="checkbox"/> Caregiver has in-home help to compensate for these disabilities. <input type="checkbox"/> Caregiver uses medications as prescribed. <input type="checkbox"/> Family members are aware of disabilities and step in when required to ensure that the child/youth is care for. <input type="checkbox"/> Caregiver uses assisted device (technologies) to enable timely interaction with the child/youth and community (TDD, hearing aids, guide dog). <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

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Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
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6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver is willing, but does not have resources or knowledge to obtain services. <input type="checkbox"/> Children assist caregiver in meeting household needs created by mental or emotional limitation. <input type="checkbox"/> Caregiver has emotional support from family members. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

PARENT/CAREGIVER SUBSTANCE ABUSE	Name of Parent/Caregiver:
Information Compiled from Family and Other Sources	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Caregiver history of substance abuse, but no current problem. <input type="checkbox"/> Caregiver has completed treatment and remained free from substance abuse one year +. <input type="checkbox"/> Caregiver is voluntarily involved in treatment, regularly attends support meetings six months +. <input type="checkbox"/> Caregiver's infrequent use of drugs and/or alcohol rarely impairs parenting skills/abilities. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Caregiver's use of drugs and/or alcohol results in erratic/unreliable parenting. <input type="checkbox"/> Caregiver's social and/or support network includes known abusers of drugs and alcohol. <input type="checkbox"/> Caregiver has failed treatment programs or has not completed treatment in past. <input type="checkbox"/> Caregiver successfully completed treatment but is currently using alcohol or drugs. <input type="checkbox"/> Caregiver has a history of DUI and/or drug or alcohol related criminal activities. <input type="checkbox"/> Caregiver has begun treatment although has not established consistent participation. <input type="checkbox"/> Caregiver use includes occasional use, weekends or situational, rather than an additive pattern. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Substantial incapacity due to substance abuse or addiction. <input type="checkbox"/> Caregiver's use of substances results in inability to meet any of child/youth's basic needs. <input type="checkbox"/> Use of substances results in emotionally abusive and/or violent behavior. <input type="checkbox"/> Drug-using or drug-making paraphernalia accessible to child/youth. <input type="checkbox"/> Recent history of DUI/DWI and/or drug or alcohol related criminal activities. <input type="checkbox"/> Inability to maintain employment due to substance abuse. <input type="checkbox"/> Denial of impact of substance abuse on caregiver's ability to provide for child/youth's needs. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> When Caregiver uses drugs/alcohol he/she has a planned place for the child/youth to go that is safe. <input type="checkbox"/> Children are of the age that they are able to self protect and care for themselves while caregiver is drunk or high. <input type="checkbox"/> Kin will step in and support children when caregiver is using drugs/alcohol. <input type="checkbox"/> Caregiver actively attends AA, NA and has an involved sponsor. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		
5.		
6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver has found a new group of friends who do not have substance abuse issues. <input type="checkbox"/> Kin is supportive of caregiver. <input type="checkbox"/> Caregiver attends AA, NA or other support group. <input type="checkbox"/> Caregiver currently in treatment. <input type="checkbox"/> Caregiver is honest about use and willing to seriously consider his/her substance abuse usage. <input type="checkbox"/> Caregiver is willing to talk about use/abuse with spouse and child/youth (as appropriate). <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

GENERAL HISTORY OF VIOLENCE OR CRIMINAL BEHAVIOR	Name of Parent/Caregiver:
Information Compiled from Family and Other Sources	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Caregiver has engaged in isolated incident of assaultive behavior not resulting in injury in the community. <input type="checkbox"/> Caregiver has engaged in yelling, shoving or other physically aggressive behaviors with adults outside of the home that have not resulted in injuries. <input type="checkbox"/> Caregiver has a history of violence and has successfully participated in credible treatment program designed to address violent behaviors. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Caregiver has sporadic incidents of assaultive behavior in the community which result in or could result in minor injury. <input type="checkbox"/> Caregiver has engaged in physical altercations with adults resulting in minor injuries. <input type="checkbox"/> Caregiver has a history of arrests or convictions due to violence. <input type="checkbox"/> Caregiver has occasionally engaged in abusive/assaultive or intimidating behaviors. <input type="checkbox"/> Caregiver has difficulty in work, social or other situations as a result of intimidating and aggressive language and behaviors. <input type="checkbox"/> Caregiver has history of substantiated reports of physical abuse toward child/youth in another family setting. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Incident(s) of assaultive behavior which results in or could result in major injury. <input type="checkbox"/> Caregiver has had a prior substantiated report for child/youth abuse in another family setting. <input type="checkbox"/> Caregiver engages in behaviors resulting in serious injuries. <input type="checkbox"/> Caregiver frequently engages in abusive/assaultive/intimidating behaviors. <input type="checkbox"/> Caregiver has an arrest history of assault or crimes against others that resulted in spending time in jail. <input type="checkbox"/> Caregiver has a history of restraining orders against him/her for violence or assault. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Caregiver demonstrates the ability to resolve some conflicts in non-aggressive manner. <input type="checkbox"/> Violence does not occur in the home. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		
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6.		
Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver is able to admit that he/she has a temper. <input type="checkbox"/> Caregiver has sought help for his/her temper. <input type="checkbox"/> Caregiver is assertive, but not aggressive about getting needs met. <input type="checkbox"/> Caregiver has good relationships with co-workers. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

PARENT/CAREGIVER HISTORY OF CA/N AS A CHILD	Name of Parent/Caregiver:
Information Compiled from Family and Other Sources:	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Caregiver remembers incidents of harsh punishment although did not perceive it as abuse. <input type="checkbox"/> Caregiver recalls some abusive discipline. <input type="checkbox"/> Caregiver's siblings were abused, but caregiver was not. <input type="checkbox"/> Caregiver was victim of abuse and received support and protection from other family members. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Caregiver has repeated incidents of abuse or neglect as a child/youth. <input type="checkbox"/> Caregiver reports basic needs frequently not met. <input type="checkbox"/> Caregiver received harsh physical punishment on a regular basis resulting in frequent injuries. <input type="checkbox"/> Caregiver has no sense of belonging to or attachment to a family. <input type="checkbox"/> Caregiver experienced a lack of consistent parenting by a loving caregiver. <input type="checkbox"/> Caregiver has a history of hostile and verbally assaultive relationship with own parents. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Caregiver has history of chronic/severe abuse as a child/youth. <input type="checkbox"/> Caregiver reports being a victim of severe neglect that resulted in physical problems. <input type="checkbox"/> Caregiver was victim of assaults resulting in fractured bones, physical disability, or emotional trauma. <input type="checkbox"/> Caregiver was victim of sexual abuse and received no support, protection or affirmation from family. <input type="checkbox"/> Caregiver recalls repeated beatings and/or physical attacks. <input type="checkbox"/> Caregiver reports severe emotional rejection, scapegoating and humiliation by own parents. <input type="checkbox"/> Caregiver was deprived of food, clothing, rest or medical care as a form of punishment. <input type="checkbox"/> Caregiver comes from a culture where physical punishment of child/youth is accepted. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Caregiver's acknowledgement of how they were parented has resulted in taking specific steps not to repeat these patterns (can describe them). <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
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Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver indicates that he/she has worked through issues relating to his/her upbringing and can talk about them freely. <input type="checkbox"/> Caregiver talks about how to avoid the mistakes of his/her parents; thus, avoiding the cycle of abuse. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

Section III. General Family Issues

KINSHIP/COMMUNITY SUPPORT SYSTEM/PEER GROUP	
Information Compiled from Family and Other Sources	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Family is supportive, but do not live not close by. <input type="checkbox"/> Community services are available, but difficult to access. <input type="checkbox"/> Family is new to the area and has yet to access social supports. <input type="checkbox"/> Caregiver has social acquaintances, but few close friends, family or intimate partner. <input type="checkbox"/> Child/youth has few friends. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Family lives in an isolated area and is unable to access community or family supports. <input type="checkbox"/> Limited community resources available. <input type="checkbox"/> Services may be offered to the family, but remain inaccessible due to language barriers or the service provider's lack of familiarity with the culture of the family. <input type="checkbox"/> Caregiver asks for help only when he/she is in crisis. <input type="checkbox"/> The support the family receives from family and friends is inconsistent and unreliable. <input type="checkbox"/> Social contacts are not emotionally supportive and some may be emotionally destructive. <input type="checkbox"/> Caregiver cannot maintain friendships or casual social acquaintances. <input type="checkbox"/> Child/youth are isolated with no friends. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Caregiver has no one to turn to for emotional support or practical assistance in crisis or emergency. <input type="checkbox"/> Family is geographically isolated and has no means to access help or support in times of emergency or crisis, i.e. transportation or telephone. <input type="checkbox"/> Caregiver is hostile and threatening toward offers of help with basic needs even though family is suffering. <input type="checkbox"/> Primary caregiver is largely restricted to the home with little opportunity for periodic relief from continuous interaction with child/youth. <input type="checkbox"/> Family is alienated from or has an ongoing conflict with extended family, friends or neighbors. <input type="checkbox"/> Child/youth only peer group is involved in criminal behaviors. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Caregiver has asked for help/support or reached out to a community support service. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavior/Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
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Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregivers open to joining community support activities. <input type="checkbox"/> Child/youth expresses desire to have a new group of friends. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
4.		

FAMILY VIOLENCE	Name of Parent/Caregiver/Child/Youth:
Information Compiled from Family and Other Sources:	
No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Abusive caregiver/partner engages in socially isolating behaviors with partner, limiting partner's contact with friends and family. <input type="checkbox"/> Abusive partner engages in pushing and shoving partner. <input type="checkbox"/> Abusive partner uses emotionally abusive language toward partner. <input type="checkbox"/> Child/youth may be present or witness domestic violence. <input type="checkbox"/> Child/youth in the home has physically lashed out at Caregiver or his/her siblings. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Abusive caregiver/partner frequently engages in incidents of domestic violence. <input type="checkbox"/> Abusive caregiver/partner is frequently emotionally abusive toward partner. <input type="checkbox"/> Abusive caregiver/partner threatens or harms family members causing minor injuries. <input type="checkbox"/> Abusive caregiver/partner threatens to harm family pets. <input type="checkbox"/> Abusive caregiver/partner cuts partner off from family and other social supports. <input type="checkbox"/> Child/youth may try to intervene and place self in danger. <input type="checkbox"/> Child/youth in the home regularly uses physical means to resolve issues within the family—and has harmed a family member. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Abusive caregiver/spouse engages in repeated incidents of domestic violence with severe emotional/physical consequences. <input type="checkbox"/> Abusive caregiver coerces partner into sexual relations in front of child/youth. <input type="checkbox"/> Abusive caregiver isolates partner and partner is punished if outside contact occurs. <input type="checkbox"/> Abusive caregiver uses/threatens to use weapons to harm family members/threatens to kill if spouse leaves. <input type="checkbox"/> Abusive caregiver does not allow partner access to finances and controls all expenditures. <input type="checkbox"/> Non-abusive caregiver denies violence despite evidence. <input type="checkbox"/> Non-abusive caregiver appears withdrawn or emotionless in light of extreme violence. <input type="checkbox"/> Abusive caregiver severely injures or kills pet as a means of intimidation. <input type="checkbox"/> Child/youth is physically harmed during DV altercation. <input type="checkbox"/> Abusive caregiver has refused/failed/not completed treatment and persists in violent and coercive behavior. <input type="checkbox"/> Child/youth has seriously harmed a family member during a physical altercation—and does not appear remorseful. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Non-offending Caregiver protects child/youth by sending child/youth to relatives, friends, etc. <input type="checkbox"/> Person who commits the violence is in treatment for domestic violence issues. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
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Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Family members are aware of the situation and do not blame the “victim”. <input type="checkbox"/> Non Abusive caregiver knows it is not her/his fault –does not blame self. <input type="checkbox"/> Friends are supportive of the non abusive spouse. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
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4.		

FINANCIAL STABILITY OF FAMILY

Information Compiled from Family and Other Sources:

No Risk Identified	<input type="checkbox"/>
Low/Moderately Low Risk	<input type="checkbox"/> Caregiver works long hours or multiple jobs to make ends meet. <input type="checkbox"/> Family lacks resources to meet educational, recreational or social needs of the family. <input type="checkbox"/> Family is unable to seek regular medical care due to financial limitations. <input type="checkbox"/> Comment:
Moderate Risk	<input type="checkbox"/> Family can minimally meet basic needs, but crisis leaves family without means to provide for basic needs. <input type="checkbox"/> Family lives in unsafe environment due to lack of resources. <input type="checkbox"/> Family member has ongoing medical condition, but is unable to treat due to lack of financial resources. <input type="checkbox"/> Comment:
Moderately High/High Risk	<input type="checkbox"/> Family resorts to illegal means to provide financial support. <input type="checkbox"/> Family member has life-threatening medical condition that goes untreated due to lack of financial resources. <input type="checkbox"/> Family has no access to supports that can provide help with basic needs. <input type="checkbox"/> Family lacks a source of income to meet basic needs. <input type="checkbox"/> Comment:
Protective Capacities Identified that Mitigate Risk	<input type="checkbox"/> Family has resources (money, family, benefits) to help meet basic needs. <input type="checkbox"/> Caregiver knows and uses community resources to meet family's basic needs. <input type="checkbox"/> Other:
Is Intervention needed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explanation Required if Moderate or Moderately High/High Risk is Present and No Intervention is needed.

Service Plan

Risk Area:		
Behavioral Change Required to Address the Risks Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
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Strengths of the family that will support the behavior change process:	<input type="checkbox"/> Caregiver is willing to talk about the stress that occurs with limited resources. <input type="checkbox"/> Caregiver does not take financial stressors out on child/youth. <input type="checkbox"/> Caregivers appear to be working together to solve family financial struggles. <input type="checkbox"/> Caregivers express "light at the end of the tunnel". <input type="checkbox"/> Caregiver has found "free" ways to have fun with child/youth in community. <input type="checkbox"/> Other:	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
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PROTECTIVE PLAN REVIEW:

Are there any issues that were identified during the Safety Assessment Process that have NOT been addressed through this Risk Assessment/Service Planning process: Yes No

If so please explain:

SERVICE PLAN: *Safety*

Safety Area:		
Behavioral Change Required to Address the Safety Identified:		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
2.		
3.		
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5.		
6.		
Strengths of the Family that will Support the Behavior Change Process:	<input type="checkbox"/> Other::	

PROGRESS REVIEW	Date of Progress Review:	
Results of Progress Review:		
<input type="checkbox"/> Behavioral Change Achieved: <input type="checkbox"/> Child/Youth/Caregiver continues to make progress—services continue: <input type="checkbox"/> Services not effective—modify plan (if so explain) <input type="checkbox"/> Services not available (if so explain) <input type="checkbox"/> Child/Youth/Caregiver refused to attend any services or supports or allow service provider into home		
Plan Modification As Required		
Services/Action Steps:	Person Responsible	Planned Date of Review of Service(s) with Family
1.		
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4.		