Family Assessment Form
Instructions
2001

Principles

Safety, timely permanency, and well-being are the outcomes of service for children within the Child Welfare System as framed by ASFA legislation.

The Family Assessment Form (FAF) is a comprehensive assessment tool that conceptualizes family well-being in a dynamic relational manner. It points the direction for the work of achieving child safety and permanency and is completed in the context of supervision.

The Family Resource Scale (FRS) is a tool that allows each caretaker to give us their perspective of the resources that they have or do not have to support them in the work of keeping their children safe and with them permanently. The FRS is completed by the caretakers with or without worker assistance.

Implementation Instructions

The FAF (with the summary form called Family Assessment Summary (FAS)) and the FRS is to be completed on every family for whom service was initiated as of January 1, 2001, as part of Erie County Preventive Services, Niagara County Diversion MST, Niagara County MST/TANF, MST Genesee, MST Orleans, and MST Cattaraugus.

“Caretaker” for purposes of the FAF/FAS/FRS is “the system targeted for change in order for the children to be safe and achieve permanency”.

If, during the life of a case, a child/children are moved from one caretaker to another, the case remains open, and we are now working with new caretakers as “the system targeted for change in order for the children to be safe and achieve permanency”, it will be necessary to complete the FAS on the new caretakers and submit it at closure to the data entry person. You will not submit the FAS on the original caretakers.

If the child is moved to new caretakers only as a temporary process and “the system targeted for change, in order for the children to be safe and achieve permanency” remains the original caretakers, the FAS will be done on the original caretakers.

Child Characteristics and Youth Behavioral Factors for MST will be completed on the identified child.

Child Characteristics and Youth Behavioral Factors for Traditional Preventive Service (Erie only) will be completed on the child who is highest risk (as assessed on the UCR), and who is 7 years of age or older during the life of the case. Where all the children are
under 7 years of age, do not complete Child Characteristics and Youth Behavioral Factors on any child.

Entry data must be completed 60 days from the case acceptance date. Closure data completed prior to the official closure date.

"No Service" can only be checked if the family was seen 2 times or less. Complete the demographic information that you have including the available information on the children. If the family was seen 3 times or more, complete the information and the ratings based on the information that you have.

Forward the original completed FAS (the summary form of the FAF) and the original entry and closure FRS’s to the data entry person:  Mrs. Lisa Crawford
Catholic Charities
3370 Delaware Ave.
Kenmore, NY 14217
Ph: 877-8822

If you only obtained entry FRS, forward them to the data entry person with the completed FAS with a note indicating that closure FRS were not obtained.

Retain a copy of the FAF, the FAS and the FRS’s in the file.

Follow up data, for all counties except Erie, is entered on the demographic form and forwarded upon completion of the follow up to the data entry person identified above. A copy is retained in the file.

**Family Resource Scale (FRS)**

Each caretaker is to be invited to complete the FRS within the first 3 visits and at closure.

The caretaker may complete it on their own or with the worker. There are English and Spanish forms.

Discussion of the content with the caretaker is important as part of the engagement and closure process.

Forward the completed entry and closure forms at closure with the completed FAS to the data entry person. Retain a copy in the file.

**Family Assessment Form (FAF)**
The FAF contains the descriptors for the FAS. A copy of the FAF is to be retained in the file and may be used by the supervisor/worker team as a working document on which to record thoughts, protective factors and concerns etc.

Documentation of the supervisory process (assessment, targeted problems, protective factors, goals and methods to achieve) and time spent in completing the FAF/FAS must be reported in the progress notes.

*Family Assessment summary (FAS)*

Each Supervisor will complete the FAS as part of the supervisory process with the worker(s).

Entry data will be completed within 60 days of the case acceptance. As new information emerges, entry data can be changed and/or completed. Whenever possible do not use unknown (U/K). See this as an assessment tool not a research tool.

Rate all areas at entry and closure.

Check Targeted Areas as those areas that are being worked on during the life of the case. As a case unfolds, continue to check targeted areas they receive intervention.

Closure data will be entered on the same form at closure, prior to the official closure date.

Follow up data is required for all counties except Erie; when completed forward a copy of the demographic form to the data entry person and retain a copy in the file.

In Targeted Areas only, where code at entry and closure is the same (i.e. *No Change*), please code whether *No Change* is (1) Not expected Change (i.e. our work did not have the intended outcome) or (2) Stabilization (i.e. our work maintained / stabilized the situation).

9/5/2001
INSTRUCTIONS FOR FILLING OUT A FAMILY ASSESSMENT SUMMARY (FAS)

Case Acceptance Date: Official date of case acceptance (in Erie County, date on 2195 form)

Case Closing Date: Official date of case closing (in Erie County, date agreed upon with ECDSS)

No Service (please check): When case contact has been 2 or less interviews

For All Counties, EXCEPT Erie P.S.: Date of 6-month Follow-up -OR- date of No Contact Possible at follow-up

County Code:

1. Erie
2. Niagara
3. Orleans
4. Wyoming
5. Genesee
6. Allegany
7. Cattaraugus
8. Chautauqua

Unit Code: Official number of Unit in which Team LEADER is located

Worker Code: Official number of Team LEAD Worker

F.A.F. Demographics:

Case Name: Last name of person who case is recorded under (typically female head of household)

Case Number: Social Security # of female head of household, unless referring County determines case to be in alternate caretaker’s name

Family Status of Primary Caretaker (1):

1. Intact Family (2 biological parents of all children)
2. Blended Family (1 biological parent, 1 non-biological caretaker for some/all of the children)
3. One-Parent Family (MALE Head of Household)
4. One-Parent Family (FEMALE Head of Household)
5. Relative
6. Foster Care
7. Other
Marital Status of Primary Caretaker (1):

1. Single
2. Married
3. Separated
4. Divorced

Caretaker:

1. Identify the name and data concerning the Primary Caretaker, who is the one who is “the system targeted for change in order for the children to be safe and achieve permanency”

2. Identify the name and data concerning the secondary caretaker, if there is one, who is the one who is “the system targeted for change in order for the children to be safe and achieve permanency”

Sex:

1. Male
2. Female

Race:

1. White / Non-Hispanic
2. Black / Non-Hispanic
3. Hispanic
4. Native American
5. Asian
6. Arabic
7. Other

DOB:

Date of Birth (mm-dd-yy)

Relation to Identified Highest-Risk Child:

1. Biological Parent
2. Step-parent
3. Biological Parent’s Significant Other
4. Maternal Grandparent
5. Paternal Grandparent
6. Maternal Relative
7. Paternal Relative
8. Other (please identify)

Referral Source:

1. DSS – Child Protective Services
2. DSS – Children’s Services Intake
3. DSS – Children’s Services – Foster Care
4. DSS – Services
5. Probation
6. PINS Diversion
7. PINS
8. Family Court
9. School
10. Self – application to DSS (N.C. MST ONLY)
11. Other - identify
Reason for Closure:
1. By Mutual Plan – satisfactorily completed; goals met
2. By Mutual Plan – insufficient movement
3. Client Withdrew
4. Preventive Agency (CC) Withdrew
5. DSS Withdrew
6. Other – Please State

Annual Income: Put in exact amount of household income

Income Source:
1. Employment + Other Sources
2. Employment Only
3. No Income
4. Pension
5. Safety Net Assistance
6. Social Security
7. SSI
8. TANF
9. Unemployment Insurance
10. Other

Educational Level:
1. 0-8th grade
2. 9-12th grade / Non-graduate
3. High School Grad / GED
4. 12+ Some Post Secondary
5. 2 or 4-year College Graduate
6. Other

# of Children in Household Under 18 years of age:
Give the total number of children living in the household who are under 18 years of age

Identified Children: For Erie County PS, name all the children on the 2195. For all other counties, name only the identified child.

For Erie County PS, check the child who is highest risk (the one who is used to complete the UCR risk factors). Each child, 7 yrs. or older, checked as highest risk must have Child Characteristics (Section I) and Youth Behavioral Factors (Section J) completed on the FAS.

Sex:
1. Male
2. Female

Race:
1. White / Non-Hispanic
2. Black / Non-Hispanic
3. Hispanic
4. Native American
5. Asian
6. Arabic
7. Other
DOB: Date of Birth (mm-dd-yy)

Location of Child at Entry & Closure & Follow-up:
Where the child is physically living at ENTRY and at CLOSURE and at FOLLOW-UP
(for all, BUT Erie County PS):

1. Natural Family Residence
2. Straight Kinship / Informal Care – kinship/informal care family not receiving foster care rate
3. Foster Care – Kinship – certified for foster care by DSS / DFY
4. Foster Care – home certified by DSS / DFY
5. Group Home
6. Institution
7. Independent Living

Previous Placement:

1. Straight Kinship / Informal Care – kinship/informal care family not receiving foster care rate
2. Foster Care – Kinship – certified for foster care by DSS / DFY
3. Foster Care – home certified by DSS / DFY
4. Group Home
5. Institution
6. Independent Living
7. Never placed previously

Legal Status: Identify status which governs the named child:

1. Indicated Abuse in family
2. Indicated Neglect in family
3. Voluntary (non-indicated), based on Abuse in family
4. Voluntary (non-indicated), based on Neglect in family
5. Voluntary (non-indicated), based on PINS Diversion for this child
6. Probation status for this child
7. JD status for this child
8. Based on Order of Protection in family
9. Other – identify

Grade Level at ENTRY:

0-16 Use Actual Grade (0 being Kindergarten; 1-12 being 1st thru 12th grade;
and 13 thru 16 being four grades of college)
17 Graduated from High School (not in college) / G.E.D.
18 Graduated College
19 Age 0-5 yrs. – child is not in any school program
20 Age 0-5 yrs. – child is in a Pre-School program
21 Dropped Out
Handicapped Condition: Obtain the correct classification from the school or physician, and fill in one of the following code numbers for the primary handicapping classification:

1. Autistic (manifests a behaviorally defined syndrome)
2. Deaf (severe hearing impairment which adversely affects educational performance)
3. Deaf-blindness (concomitant hearing & visual impairment causing severe problems)
4. Emotionally Disturbed (inability to learn that cannot be explained by intellectual, sensory or health factors)
5. Hard of Hearing (hearing impairment, whether permanent or fluctuating, which adversely affects educ. perf.)
6. Learning Disabled (disorder in 1 or more of basic psychological processors; imperfect ability to listen, read, etc.)
7. Mentally Retarded (demonstrates general intellectual functioning determined to be below mean of general population)
8. Multiply Disabled (has 2 or more disabilities resulting in lags which cannot be accommodated in spec. ed. programs)
9. Orthopedically Impaired (physically disabled & has a severe orthopedic impairment adversely affecting educ. perf.)
10. Other Health-Impaired (physically disabled & has limited strength, vitality & alertness due to health problem)
11. Speech-Impaired (has a communication disorder such as stuttering, etc., adversely affecting educ. performance)
12. Traumatic Brain Injury (injury caused by external physical force or medical condition adversely affecting performance)
13. Visually Impaired (visual disability which, even with correction, adversely affects educational performance)
14. “504” (not labeled, but with impaired full functioning)
15. Declassified (if child declassified in last year, but still receives special education)
16. Classification Pending
17. Not Handicapped

Special Services: Please use the following code numbers:

1. Self-contained
2. Resource Room
3. Consultant Services
4. Speech & Language
5. Other Related Services
6. Alternative Educational
7. Home Schooling
8. No Special Services

Referral Status: Identify the primary purpose of referral:

1. Placement Prevention
2. Return from Placement
3. Court Diversion

Referral Status at Follow-up: For all, EXCEPT Erie County PS; identify for cases with Court Diversion referral status (3) whether there was any court activity at follow-up.

1. Yes
2. No

9/2001