

COMPREHENSIVE FAMILY ASSESSMENT

Case Name

County

Case #

Initially completed

Current update completed

INFORMATION FROM THE CASE RECORD

1. FAMILY DESCRIPTION / SETTING
2. ORIGINAL REASON THE FAMILY'S CASE WAS OPENED FOR SERVICES
3. REASON THE FAMILY IS CURRENTLY RECEIVING SERVICES
4. FAMILY MEMBERS' PRIOR INVOLVEMENT WITH DHR

INFORMATION FROM THE FAMILY AND OTHER PERTINENT INDIVIDUALS

1. PARENT / CAREGIVER FUNCTIONING
 - Family History
 - Educational History And Intellectual Development
 - Relevant Medical Background And Physical Development
 - Employment / Vocational History
 - Psychological / Psychiatric Treatment History And Emotional Development
 - Military Service History
 - Legal History
 - Alcohol / Drug Use History
 - Description / Summary Of Significant Issues Being Experienced By The Parent
 - Mental Status Examination (i.e., orientation to person, place, and time)

Additional Information:

- Health
- Behavioral
- Environment (Community Environment)
- Environment (Housing/Clothing/Nutrition)
- Skills Tab (Parenting)
- Skills Tab (Coping)
- Communication (Support System)
- Communication (Family Interaction)

2. CHILD FUNCTIONING (enter child's name system generated)

- Family History
- Educational History And Intellectual Development
- Relevant Medical Background And Physical Development
- Employment / Vocational History
- Psychological / Psychiatric Treatment History And Emotional Development
- Military Service History
- Legal History
- Alcohol / Drug Use History
- Description / Summary Of Significant Issues Being Experienced By The Child
- Mental Status Examination (i.e., orientation to person, place, and time)
- DSM Diagnosis
- V629 Other Unspecified Psychosocial Circumstance

Additional Information:

- Health (Additional Information)
- Behavioral (Child Problems)
- Environment (Community Environment)
- Environment (Housing/Clothing/Nutrition)
- Skills (Parenting)
- Skills (Coping)
- Communication (Support System)
- Communication (Family Interaction)

3. FAMILY FUNCTIONING

4. THE FAMILY'S COMMUNITY

5. WORKER'S PROFESSIONAL ANALYSIS AND CONCLUSIONS

Requirements met for an intake evaluation (Medicaid rehabilitative services). Yes No

Completed by

Approved by

Worker's Signature

Supervisor's Signature

Date Completed

Date Approved