

FAMILY STRENGTHS AND NEEDS ASSESSMENT

Case Name	Case Number
Assessment Date (mm/dd/yyyy)	Name - Assessed Family
Name - Worker	Name - Supervisor

<u>SN Number</u>	<u>Strength or Need</u>	<u>Score</u>
SN1	Substance Abuse <input type="checkbox"/> No evidence of a problem. <input type="checkbox"/> Abuse creates some problems in family or caregiver in treatment. <input type="checkbox"/> Serious abuse problems.	_____
SN2	Emotional Stability <input type="checkbox"/> No evidence or symptoms of emotional instability or psychiatric disorder. <input type="checkbox"/> Moderate problems that interfere with functioning. <input type="checkbox"/> Problems that severely limit functioning.	_____
SN3	Family Violence <input type="checkbox"/> No threatening or assaultive behavior among family members. <input type="checkbox"/> Isolated incidents of past assaultive behavior. <input type="checkbox"/> Current pattern of intimidation, isolation, threats of harm, or verbal abuse. <input type="checkbox"/> Repeated assaultive behavior or any incident resulted in injury.	_____
SN4	Intellectual Ability <input type="checkbox"/> No evidence of limitations in intellectual functioning. <input type="checkbox"/> Somewhat limited intellectual functioning. <input type="checkbox"/> Intellectual ability severely limits ability to function.	_____
SN5	Health <input type="checkbox"/> No known health problems that affect functioning. <input type="checkbox"/> Moderate disability / illness; impairs ability to care for child(ren). <input type="checkbox"/> Serious disability / illness; severely impairs ability to care for child(ren).	_____
SN6	Caregiver Victimization <input type="checkbox"/> No evidence of a problem. <input type="checkbox"/> Caregiver has been victimized. (Check all that apply.) <input type="checkbox"/> Caregiver(s) neglected as child(ren). <input type="checkbox"/> Caregiver(s) has been a victim of sexual abuse. <input type="checkbox"/> Caregiver(s) has been a victim of physical abuse.	_____
SN7	Parenting Skills <input type="checkbox"/> No known / minimal deficits in parenting skills. <input type="checkbox"/> Needs improvement in parenting skills. <input type="checkbox"/> Repeated displays of abusive, neglectful, or destructive parenting patterns.	_____
SN8	Environmental <input type="checkbox"/> Family has adequate housing, clothing, and nutrition. <input type="checkbox"/> Physical environment presents potential hazards to health or safety. <input type="checkbox"/> Conditions exist in household that have caused illness or injury. <input type="checkbox"/> Family is homeless.	_____
SN9	Support Systems <input type="checkbox"/> Family has available, and uses, external support system(s). <input type="checkbox"/> Resources limited or have some negative impact or caregiver reluctant to use. <input type="checkbox"/> Caregiver unable to access internal or external resources (skill deficits).	_____

Resources unavailable or have major negative impact.

<u>SN Number</u>	<u>Strength or Need</u>	<u>Score</u>
SN10	Financial <input type="checkbox"/> Family income sufficient to meet needs and is adequately managed. <input type="checkbox"/> Income limited, but is adequately managed. <input type="checkbox"/> Income insufficient or not well-managed; unable to meet basic needs / responsibilities. <input type="checkbox"/> Family is in financial crisis - little or no income.	_____
SN11	Education / Literacy <input type="checkbox"/> Basic education and functional literacy skills. <input type="checkbox"/> Caregiver marginally educated or literate; creates some problems. <input type="checkbox"/> Functionally illiterate; creates major problems.	_____
SN12	Problem Recognition <input type="checkbox"/> No problem observed or problem(s) acknowledged, wants assistance. <input type="checkbox"/> Problem(s) acknowledged, does not want assistance. <input type="checkbox"/> Problem(s) denied; uncooperative; resists assistance or intervention.	_____
SN13	Family Interaction <input type="checkbox"/> Developmental roles / interactions appropriate. <input type="checkbox"/> Moderate communication or behavior problems and / or some inappropriate role functions. <input type="checkbox"/> Serious family dysfunction in communication or behavior patterns, personal boundaries, attachment and roles.	_____
SN14	Child(ren) Characteristics <input type="checkbox"/> No known emotional, behavioral, intellectual, or physical problems. <input type="checkbox"/> Minor problems, but little impact on functioning. <input type="checkbox"/> Problems in one or more areas that sometimes limit functioning. <input type="checkbox"/> One child has severe / chronic problems that result in serious dysfunction. <input type="checkbox"/> Children have severe / chronic problems that result in serious dysfunction.	_____
Total Strengths and Needs Score		_____

Comprehensive Needs Level

- Low (0-10) Medium (11-20) High (21-54)

Needs Level Override:

New Needs Level:

Reason For Override:

Child(ren) Problem Areas (Check all that apply.)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> School behavior / truancy | <input type="checkbox"/> Life / social skills | <input type="checkbox"/> Delinquent behavior |
| <input type="checkbox"/> Health / handicap | <input type="checkbox"/> Support system | <input type="checkbox"/> Sex abuse issues | |
| <input type="checkbox"/> Emotional stability | <input type="checkbox"/> Peers | <input type="checkbox"/> Assaultiveness | |
| <input type="checkbox"/> Exceptional education needs | <input type="checkbox"/> Intellectual ability | <input type="checkbox"/> Status offending | |

Primary Needs

Rank Area of Need

1.

2.

3.

Primary Strengths

Rank Area of Strength

1.

2.

3.