

**STATUS:**  
**Identifying Information**

Case Name: \_\_\_\_\_ FACTS Case #: \_\_\_\_\_ FACTS Event #: \_\_\_\_\_  
Social Worker: \_\_\_\_\_ Date of Assignment: \_\_\_\_\_

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**Section I: Assessment Results and Summary of Findings (Abuse/Neglect Cases Only)**

**Safety Decision:**    ☐ Safe                      ☐ Conditionally Safe            ☐ Unsafe  
**Risk Level:**        ☐ Low                        ☐ Moderate                    ☐ High                    ☐ Intense  
**Risk Conclusion:** ☐ No Significant Risk       ☐ Risk Controlled           ☐ Risk Present

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**Investigation Findings from Case Findings form (PPS 2011):**

- ☐ Unsubstantiated  
☐ Substantiated  
☐ Validated (only applicable to findings prior to July, 2004)  
☐ Unable to locate

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The following section will have a change to the title due to system changes after January 2018 (effective date to be announced by PPS Administration). Prior to system changes effective upon announcement by PPS Administration the below title shall be used:

**Section II: Summary of Assessment Conclusion (CINC/NAN (FINA) cases only)**

The following title to this section will be effective and will take the place of the title upon system changes after January 2018 (effective date to be announced by PPS Administration).

**Section II: Summary of Assessment Conclusion (FINA cases only)**

- ☐ No Problem Behaviors  
☐ Problem Behaviors Controlled:  
☐ Problem Behaviors Present: (child/youth is a danger to self or others)

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**Section III: Family Preservation Screen**

In order for referral to Family Preservation to be appropriate questions 1-3 must be "Yes" and questions 4-7 must be "Yes" or "NA" Not Applicable. Referral is to be made to the Family Preservation contractor within 24 hours following the determination of need.

- |    |                                                                                                     |                              |                             |                             |
|----|-----------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| 1. | Is the family at risk for having children removed?                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. | Is parent/caregiver available to protect the child?                                                 | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>    |
| 3. | Is parent/caregiver willing and able to participate in Family Preservation?                         | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>    |
| 4. | Has family with chronic problems experienced significant changes which makes them able to progress? | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>    |

**Explain:**

- |    |                                                                      |                          |                          |                          |
|----|----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 5. | Has parent/caregiver with mental/emotional health issues stabilized? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Can parent/caregiver with limitations care for self and children?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Can substance abusing parent/caregiver function adequately to care for children? ☐ ☐ ☐

**Date Decision Made:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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**Section IV: Case Action/Initial Service Plan**

**A. Describe one strength and one need of the Family:**

Strength: \_\_\_\_\_  
Need: \_\_\_\_\_

**B. Case Opened for services:**

**1. Initial Service Plan:**

- |                                                                 |                            |                                     |                                                                   |
|-----------------------------------------------------------------|----------------------------|-------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> <b>Family Services</b>                 | Is a safety plan in place? | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> (Complete case planning forms) |
| <input type="checkbox"/> <b>Family Preservation</b>             | Is a safety plan in place? | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> (Complete PPS 5000)            |
| <input type="checkbox"/> <b>Foster Care (Complete PPS 5110)</b> |                            |                                     |                                                                   |
| <input type="checkbox"/> <b>Adoption</b>                        |                            |                                     |                                                                   |

The following question will have a change due to system changes after January 2018 (effective date to be announced by PPS Administration). Prior to system changes effective upon announcement by PPS Administration the below question shall be used:

- 2. If case is opened for services, summarize reason for DCF involvement** (if CINC/NAN describe reasonable efforts to prevent out of home placement):

The following title to this section will be effective and will take the place of the title upon system changes after January 2018 (effective date to be announced by PPS Administration).

- 2. If case is opened for services, summarize reason for DCF involvement** (if FINA describe reasonable efforts to prevent out of home placement):
- 3. Initial Permanency Goal** ☐ Maintenance ☐ Reintegration ☐ Adoption ☐ Guardianship ☐ Independent Living
- 4. Child Protection Objective(s):** List at least one and no more than three.

**C. ☐ Close Case**

- ☐ DCF services not indicated
- ☐ Family refused services
- ☐ Family moved, cannot be located. Medical needs were unable to be determined.
- ☐ Another community agency is currently providing services.
- ☐ Assessment completed and current service plan continues.

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**Section V: Timeliness of Family Based Assessment/Initial Service Plan**

- ☐ Completed within 30 working days of case acceptance (child not in custody)
- ☐ Completed within 30 calendar days of child placed in DCF custody
- ☐ Not completed within required time due to the following reasons:
  - ☐ Child/family moved and could not be located or child/family left state.

- ☐ DCF was directed not to proceed by county/district attorney or law enforcement.
- ☐ Appointments scheduled but persons failed to keep the appointments.
- ☐ Parents refused to cooperate/access to the child and county/district attorney will not pursue.
- ☐ Child out of state - i.e. staying with relatives.
- ☐ Other reason not under DCF control (explain below)

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**Section VI: Required Signatures:**

CPS Specialist:

\_\_\_\_\_

Date:

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date:

\_\_\_\_\_

