

Type Case Name and Date of Assessment

## **DENVER EFFECT**

### **Comprehensive Family Assessment**

Case Name:  
Referral Date:  
Trails Case #:  
HH#:  
Caseworker:  
Phone:  
Family Therapist:  
Phone:

#### **Reason for Intervention:**

Current Case Status: Voluntary Court-Ordered

#### **Parties Involved:**

Key members involved in the current case (including children):

<u>Full Name</u>	<u>D.O.B.</u>	<u>Relationship</u>	<u>Location</u>	<u>Contact Info</u>
		Child		

#### **Safety and Risk Assessment:**

Safety Assessment:

Risk Assessment:

NCFAS:

Clinical Screening:

#### **Review of Existing Information:**

Review of records and summaries of any past experience  
in the child welfare system or other related systems:

Interviews conducted with reporter and collateral family contacts:

Impressions from initial contact made with family:  
(e.g., attitudes, perceptions, motivation, etc.)

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**Observation of home:**

**Physical condition of home:**

**Interactions between adults in home:**

**Parent/Child interactions:**

**Parenting / Disciplinary Practices:**

**Affect of child(ren), e.g., confident, fearful, etc:**

**Specialized evaluations done as part of the initial assessment or in the recent past related to factors impacting children or adults in the home:**

**Meetings with Family:**

**Initial TDM:**

**Extended family and other supportive people in attendance:  
(e.g., friends, clergy, past service providers)**

**Findings / Plans:**

**Placement / Visitation Plan (if applicable):**

**Overview of family issues:  
(specify individual's name where appropriate)**

- **Medical**
- **Financial / Employment / Transportation**
- **Substance Abuse**
  - Drug(s) of Choice:**
  - Relevant History:**
  - Diagnoses:**

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**Stage of Change:**

- **Legal**

**History:**

**Current Status:**

- **Social** (e.g., family, parenting, relationship, support system, cultural)

- **Psychiatric**

**Diagnoses:**

**Mental Health Provider:**

**Medications:**

**Needs of entire family:**

**Protective factors for entire family:**  
(e.g., skills, motivation, social support, etc.)

**Broader contexts that affect safety, permanency, and well-being:**

**Challenges:**

### **Interviews with Children:**

<b>Child's Name</b>	<b>Interviewed?</b>	<b>Interviewed away from parents?</b>	<b>Trusted adult Present?</b>

**Each child's perception of what is happening, how the current situation might or might not fit within their general experience of being parented, and what they need to feel safe:**

**Adults in each child's life that they trust or feel they can go to for guidance and support:**

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### **Information from Staff of Other Agencies:**

Contact with staff of other agencies or service providers with whom the parents or children are currently or recently involved:

Needs related to safety, permanency, and child well-being identified:

Effective ways of engaging the family in change behaviors:

Impact of services provided:

### **Referrals for Specialized Assessments:**

Specialized assessment referrals that have been made: (e.g., mental health, substance abuse, cognitive/developmental disabilities, vocational, etc.)

Name	Type of assessment	Location	Date	Findings

Resources in place or needed: (e.g., Medicaid, food stamps, transportation, etc.)

### **Recommendations:**

Medical

Financial

Substance Abuse

Treatment Services:

Legal

Social / Family Involvement

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**Psychiatric**