

KC Name: \_\_\_\_\_

POC #: \_\_\_\_\_

CW Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

PAT Level: \_\_\_\_\_

**CERTIFICATION PACKET WEEK-4:**

- ☐ Collect paperwork/Answer questions
- ☐ Collect Autobiography
- ☐ Collect references
- ☐ Complete ISP
- ☐ Complete CANS (if age appropriate)
- ☐ Complete Educational Screen (if age appropriate)
- ☐ Re-Review and Sign PPA
- ☐ Training/Medical/FBI follow up



This Agreement covers the placement of, and planning for, the minor child in the home of the Kinship Caregiver/Resource Family, subject to the following terms, and conditions.

1. Term of placement; Termination. ASCI and the Kinship Caregiver/Resource Family agrees that this placement shall be for a term of one (1) year, and shall be automatically continued on a year-to-year basis thereafter until terminated. It may be terminated by:

- **at least thirty (30) days notice in writing from the Kinship Caregiver/Resource Family of their desire to discontinue the placement;**
- by mutual consent of ASCI and the Kinship Caregiver/Resource Family;
- by order of the Court of Common Pleas of Allegheny County or other appropriate court having jurisdiction;
- by means of the procedures set forth in Regulations Chapter II, Section 31 of the children and youth manual of the Department of Public Welfare Office of Social Programs as revised July 1, 1980 (which regulations have been supplied to the Kinship Caregiver/Resource Family); or
- by reason of the child's reaching 18 years of age or graduating from high school.

Signature(s): My signature indicates that I have read and understood the above information.

Primary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

2. Reason for placement. The Kinship Foster Caregiver/resource family understands that the need for a foster care placement resulted from one or more of the following reasons, as indicated below:

a) ☐ lack of suitable caretaker because of

☐ abandonment

☐ death of birth parent or caregiver

☐ hospitalization of birth parent or caregiver

☐ ill health of birth parent or caregiver

b) ☐ lack of suitable care because of

☐ abuse of child

☐ gross physical neglect

☐ injury not explained by the available medical history

☐ neglect of child

☐ failure to thrive

☐ medical neglect

☐ failure to adequately supervise, feed, or clothe

☐ failure to provide continuity in parenting

c) ☐ lack of suitable housing

☐ evicted

☐ just entered community

☐ house destroyed ☐ unsafe living conditions

d) ☐ truancy

e) ☐ special needs & birth parent or caregiver's inability/unwillingness to meet them

- ☐ medical  
☐ emotional

f) ☐ other (to be completed by ASCI caseworker):

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The Kinship Caregiver/Resource Family also understands that the reasons for placement and other information given to them about the child or the natural family is confidential. They have received this information for the purpose of and to the extent necessary to further their ability to meet the child's needs.

3. Health care needs of child

ASCI and the Kinship Caregiver/Resource Family understands and agrees that the child's current medical and dental history as of the date of this agreement requires the following, as indicated:

- ☐ enrollment and regular attendance at the well baby clinic serving Kinship Caregiver's area
- ☐ no immediate medical examination or treatment needs are known at present according to the last examination made the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
- ☐ no immediate dental examination or treatment needs are known at present according to the last examination made the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
- ☐ enrollment and attendance at ☐ eye, ☐ ear, ☐ child development, or ☐ other special clinic  
(specify clinic and location) \_\_\_\_\_ because of problems in that area.
- ☐ enrollment and attendance in a therapeutic counseling program due to special emotional needs  
(specify clinic and location) \_\_\_\_\_
- ☐ enrollment and attendance in early periodic screening diagnosis and treatment (EPSDT) program  
(specify location) \_\_\_\_\_
- ☐ other (specify) \_\_\_\_\_

4. Educational, social, and other needs of child

a) Educational needs

- ☐ no special educational needs are currently known
- ☐ child has special educational needs in the area(s) of
  - ☐ speech
  - ☐ reading
  - ☐ hearing
- ☐ child requires a special educational program that will be provided by school
- ☐ child requires therapy which will be provided through school
- ☐ child requires the cooperation and help of the kinship caregiver in overcoming truancy
- ☐ other \_\_\_\_\_

b) Social needs

- ☐ no special social needs are currently known.
- ☐ needs which will require the cooperation and help of the Kinship Caregiver

- ☐ forming positive social responses for children
- ☐ teaching good living habits
- ☐ improving peer relationships
- ☐ other \_\_\_\_\_

c) Other needs (to be completed by ASCI caseworker) \_\_\_\_\_

5. Duties of the Kinship Caregiver/Resource Family.

A. Health Care, Educational, Social and Other Needs for the child: The Kinship Caregiver/Resource Family agrees that they will arrange for and participate in ongoing routine medical and dental checkups, educational programs, social programs, and other special needs of the child, as outlined in this Agreement. ***This includes the responsibility to provide for transportation for the child.*** In the event medical, dental care or therapeutic counseling services are needed, the Kinship Caregiver/Resource Family will advise ASCI immediately so that treatment plans may be determined. Following such consultation with the agency, the Kinship Caregiver/Resource Family agrees to arrange for and participate in all of the necessary appointments for the child. ***No authority is given to the Kinship Caregiver/Resource Family to authorize surgical procedures.*** The Kinship Caregiver/Resource Family further agrees that, in the event a need for emergency treatment arises which precludes such prior planning, they will obtain such treatment for the child and notify ASCI at the earliest opportunity.

Signature(s): My signature indicates that I have read and understood the above information.

Primary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

- B. Discipline. The Kinship Caregiver/Resource Family understands and agrees to abide by the ASCI Discipline Policy, which prohibits corporal punishment of foster children. A copy of this policy is attached to this agreement. The Kinship Caregiver/Resource Family also agrees to refrain from any abusive, degrading, or vindictive means of discipline of foster children.
- C. Plan for visitation and telephone contact with birth family or guardian(s). The Kinship Caregiver/Resource Family understands and agrees that the parent(s), sibling(s), and/or guardian(s) of the child may visit the child only at the time and place designated by ASCI, CYF, a Court, or by mutual agreement. The Kinship Caregiver/Resource Family has an obligation to cooperate in carrying out the visiting plan, which may include, permitting parent/child visits in the foster home; providing the child's transportation to other locations; helping to prepare the child for such visits; supporting the child's need for such visits; and notifying ASCI of any problems during a visit or in the child's adjustment following a visit. ASCI and the Kinship Caregiver/Resource Family understands and agrees that the visitation plan between the child and the parent(s), sibling(s) or guardian(s) shall be as follows:
- i) all visits shall take place at a location and time determined by ASCI, CYF, Court Order, or mutual agreement. ***Transportation to visits outside the foster home is ordinarily provided by the Kinship Caregiver/Resource Family.***
  - ii) there will be a minimum of:
    - ☐ visits every two weeks at (location) \_\_\_\_\_
    - ☐ other (specify frequency and location) \_\_\_\_\_

- iii) visits shall continue as per item b, until re-determined in accordance with the parents availability and performance, the child's needs, Court Order, CYF directive or mutual agreement.

D. Notification to ASCI of Changes in Circumstances. The Kinship Caregiver/Resource Family understands and agrees that this placement shall be supervised by ASCI. Accordingly, the Kinship Caregiver/Resource Family agrees that they will immediately notify ASCI of any substantial change in their circumstances that may have an effect on the child's adjustment or planning for said child.

This includes notification to ASCI of the following in the indicated timeframes:

- A child's runaway must be reported immediately when the Kinship Caregiver/Resource Family becomes aware. This will require action by A Second Chance, Inc., therefore, if this occurs during business hours contact your POC caseworker immediately, and if the POC caseworker is unavailable, speak with the receptionist who will direct your call to the appropriate supervisor. If a child runs away after business hours A Second Chance, Inc.'s 24 hour on call service can be accessed by calling (412) 342-0600, and pressing zero (0) once the voicemail message begins to play;
- any change in address, health, marital status, i.e. marriage, separation or divorce must be reported within 48 hours of the change for review by A Second Chance, Inc.;
- any changes to the family and household composition must be reported within 48 hours of the change for review by A Second Chance, Inc. This includes any person, i.e. family members, paramours, extended family, and friends, moving into the home and/or moving out of the home.;
- any changes in income or employment must be reported within 30 days of the change for review by A Second Chance, Inc.;
- any criminal acts committed by any member of the household, including the Kinship Caregiver/Resource Family and all household members over the age of 14 in the home must be reported within 48 hours of the change for review by A Second Chance, Inc.; and
- all medical emergencies involving the child or Kinship Caregiver/Resource Family must be reported within 48 hours of the change for review by A Second Chance, Inc.

Please be aware that any Kinship Caregiver/Resource Family who knowingly fails to report any of the above mentioned information in the required time frames will be disqualified as a kinship foster parent. This disqualification shall result in the child immediately being removed from the home without a hearing.

Signature(s): My signature indicates that I have read and understood the above information.

Primary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

E. The Kinship Caregiver/Resource Family also understands and agree that they will:

- not place the child outside their home without the written consent of ASCI;
- not return the child to his/her parent, parents, or guardian without the written consent of ASCI;
- not take the child on planned vacation trips outside the county without providing two weeks written notice to ASCI of their plan and obtaining CYF's consent to such trip;

- not accept other children for care on a private basis or from another social service agency without the written consent of CYF and ASCI.

F. Training and Certification Process. The Kinship Caregiver/Resource Family agrees to participate in and provide the information necessary for an initial certification and annual recertification process, including:

- an evaluation of their home by ASCI;
- foster parent training sessions (14 hours in the first year; 6 hours each successive year).
- furnishing ASCI with a report of health appraisal of the Kinship Caregiver/Resource Parent during the initial certification process completed by a licensed physician evidencing the Kinship Caregiver/Resource Parent is free from communicable diseases

Please be aware that any Kinship Caregiver/Resource Parent who is not free from communicable diseases has an opportunity to have ASCI pursue a waiver on their behalf from the State of Pennsylvania Department of Public Welfare that will allow licensing to proceed; however the Kinship Caregiver/Resource Parent must first grant ASCI consent to pursue said waiver. Please note that ASCI will utilize a non-disclosure posture in pursuing the waiver on a Kinship Caregiver/Resource Parent's behalf by not specifically identifying the communicable disease.

Signature(s): My signature indicates that I have read and understood the above information:

Primary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Kinship Caregiver/Resource Family: \_\_\_\_\_ Date: \_\_\_\_\_

G. Cooperation in the Supervision of the Placement. The Kinship Caregiver/Resource Family also agrees to cooperate with the ASCI caseworker to conduct supervision of the placement. This includes participation in the monthly caseworker visits with the Kinship Caregiver/Resource Family and the child, and the completion of all forms required by ASCI. The Kinship Caregiver/Resource Family may call upon the caseworker for guidance and direction at any time, or in an emergency upon the on-call staff at (412) 342-0600, who will in turn communicate with the caseworker.

H. Permanency Planning. The Kinship Caregiver/Resource Family agrees to participate in the process of planning for a permanent home for the child as required by Federal and State law and the policies of CYF and the Juvenile Court.

#### 6. Duties of A Second Chance, Inc. (ASCI):

- Training and Certification Process. ASCI agrees to provide all necessary training sessions and materials for the initial certification and recertification of the Kinship Caregiver/Resource Family.
- Supervision of the Placement. ASCI shall provide general supervision of the placement. An ASCI caseworker shall assess the child's development; assist the Kinship Caregiver/Resource Family in any adjustment problems; and shall call and visit the Kinship Caregiver/Resource Family and the child monthly.
- Managed Health Care Enrollment. ASCI will execute all documents necessary to enroll the child for managed health care coverage, if necessary.

D. Financial Support. ASCI will provide financial support to the Kinship Caregiver/Resource Family in accordance with the terms of this Agreement and all Federal, State and local laws, regulations and policies.

7. Terms of Financial Support. ASCI will pay the Kinship Caregiver/Resource Family a monthly sum based on ASCI's established daily board rate for each day the child is in their care. The room and board rate is determined by the Placement Assessment Tool (PAT) level as assessed by Allegheny County Children, Youth, and Families.

These PAT levels are as follows:

Level	Daily Rate Paid to Caregiver
1	\$18.00
2	\$19.80
3	\$22.68
4	\$27.00
College Youth	Pat Level Amt Pd to Caregiver when child resides in the home
Parenting Teenager also known as a Mother Baby Case	\$30.55

The Kinship Caregiver/Resource Family understands and agrees that they are not entitled to payment for days the child is not in their care, such as when the child is on an overnight visit with the birth parents, is placed in respite care, or is away at a summer camp.

Quarterly clothing payments are issued to the kinship caregiver four times per year (February, May, August and November). This Quarterly Clothing allotment is included with the monthly Board payment. Clothing is issued to the homes that are **open and certified** as of the disbursement date. The amount of the clothing issued is based on the age of the child and is in accordance with the Allegheny County Children, Youth and Families rates.

Age of Child	Quarterly Clothing Allowance Rates
Birth thru 18 Months	\$60.92
19 Months thru 4 Years	\$84.43
5 years thru 11 years	\$133.98
12 years and Older	\$161.65

Kin caregivers are also issued on a one-time lump sum Clothing Allotment on behalf of the child. This Initial Clothing disbursement is a separate payment from the Quarterly Clothing and is issued upon certification. The Initial Clothing amount is based on the age of the child.

Age of Child	Initial Clothing Allowance Rates
Birth thru 18 Months	\$221.85
19 Months thru 4 years	\$295.29
5 years thru 11 years	\$371.03
12 Years and Older	\$442.12

While receiving benefits from ASCI, the Kinship Caregiver/Resource Family understands that they are not entitled to receive money for the care of the child from any other source, such as Social Security, Child



Support, Veterans' Administration, or the child's natural family. The Kinship Caregiver/Resource Family accordingly agrees to return to ASCI any moneys so received.

8. Revision of Plan. The Placement Plan and Agreement can be revised in whole or in part by the mutual consent of the Kinship Caregiver/Resource Family and ASCI at any time, or by Court order or directive of CYF. However, in the event of an unusual or uncommon change in circumstances or an immediate need of the child, ASCI may temporarily modify this Placement Plan and Agreement without the consent of the Kinship Caregiver/Resource Family.

By signing below and at the four(4) places indicated throughout the document, the Kinship Caregiver/Resource Family and ASCI personnel indicate their agreement to the terms of this agreement.

Primary Kinship Caregiver/ Resource Family	Date
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ASCI Caseworker	Date
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Secondary Kinship Caregiver/ Resource Family	Date
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ASCI Supervisor	Date
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Attachments: ASCI Discipline Policy  
ASCI Transportation Policy  
Certification and Recertification Requirements

CC: CYF Caseworker \_\_\_\_\_  
Kinship Caregiver/Resource Family \_\_\_\_\_

# CHILD NEEDS AND STRENGTHS ASSESSMENT (CANS)

ALLEGHENY COUNTY 5+

Reason: ☐ Initial ☐ Reassessment ☐ Critical Incident ☐ Final ☐ Other

Date: mm/dd/yyyy

Child's Name: Date of Birth: mm/dd/yyyy Gender: ☐ Male ☐ Female ☐ Other

Race: Ethnicity: Living Situation<sup>12</sup>:

Child SS#: Child MA #:

Assessor (Print Name): Assessor Agency:

Respondent Relationship: ☐ Self ☐ Caregiver\* ☐ Professional Staff ☐ Other: \_\_\_\_\_

\* Respondent Name: \_\_\_\_\_

\* Respondent Signature: \_\_\_\_\_

## Decision Model Questions (Required)

NA=Not Applicable; 0=No; 1=Yes

NA 0 1

Has the youth received intensive community base services prior to this assessment?

0 0 0

Is the youth currently in RTF, out of home placement, or inpatient care?

0 0 0

Is the youth at risk for out of home placement?

0 0 0

How old is the youth? o 5 to 11 o 12 to 13 o 14+<sup>3&11</sup>

Due to their age, is the youth at risk of

aging out services within the next 18 months?

0 0 0

Is the youth pregnant or parenting<sup>11</sup>?

0 0

Additional CANS instructions:  
When completing the CANS, please  
complete the Functional/Strengths/Needs  
and the History/Background sections.  
When completing the CANS, please  
complete the Functional/Strengths/Needs  
and the History/Background sections.  
When completing the CANS, please  
complete the Functional/Strengths/Needs  
and the History/Background sections.

## LIFE FUNCTIONING

0 = No evidence of problems

2 = Help needed, moderate

1 = Let's watch, mild

3 = Immediate help, severe

0 1 2 3

1. Family Functioning

0 0 0 0

3. School<sup>1</sup>

0 0 0 0

5. Recreational

0 0 0 0

7. Decision Making

0 0 0 0

9. Legal<sup>4</sup>

0 0 0 0

11. Sleep

0 0 0 0

13. Natural Supports

0 0 0 0

## YOUTH STRENGTHS

0 = Strong, Centerpiece

2 = Identified/potential

1 = Good

3 = Not yet identified

0 1 2 3

14. Family

0 0 0 0

16. Hopefulness/Optimism

0 0 0 0

18. Vocational

0 0 0 0

20. Spiritual/Religious

0 0 0 0

22. Relationship Permanence

0 0 0 0

24. Social Resources

0 0 0 0

## CAREGIVER STRENGTHS &amp; NEEDS

0 = No evidence of problems OR this may be a strength

2 = Help needed, moderate

1 = Let's watch, mild

3 = Immediate help, severe

	0	1	2	3
25. Supervision*	0	0	0	0
26. Supervision with caregiver	0	0	0	0
27. Knowledge*	0	0	0	0
28. Organization*	0	0	0	0
29. Social Resources*	0	0	0	0
30. Emotional Stability	0	0	0	0
31. Health	0	0	0	0
32. Intellectual/Developmental	0	0	0	0
33. Family Stress	0	0	0	0
34. Safety	0	0	0	0
35. Cultural Stress	0	0	0	0
36. Employment/Education	0	0	0	0
37. Parenting Capacity	0	0	0	0
38. Goals	0	0	0	0
39. Financial Resources	0	0	0	0
40. Transportation	0	0	0	0
41. Military Transitions	0	0	0	0

## CULTURE

0 = No evidence of problems

2 = Help needed, moderate

1 = Let's watch, mild

3 = Immediate help, severe

	0	1	2	3
43. Language	0	0	0	0
44. Religion	0	0	0	0
45. Traditions and Rituals	0	0	0	0

## YOUTH BEHAVIORAL/EMOTIONAL NEEDS

0 = No evidence of problems

1 = History or sub-threshold, watch/prevent

2 = Causing problems, consistent with diagnosable disorder

3 = Causing severe/dangerous problems

	0	1	2	3
47. Psychosis	0	0	0	0
48. Delirium/Concussion	0	0	0	0
49. Depression	0	0	0	0
50. Anxiety	0	0	0	0
51. Oppositional	0	0	0	0
52. Social Behavior	0	0	0	0
53. Adjustment to Trauma <sup>5</sup>	0	0	0	0
54. Attention Deficit/Hyperactivity	0	0	0	0
55. Substance Use <sup>6</sup>	0	0	0	0
56. Self-Harm	0	0	0	0

## YOUTH RISK BEHAVIORS/FACTORS

0 = No evidence of problems

2 = Help needed, moderate

1 = Let's watch, mild

3 = Immediate help, severe

	0	1	2	3
57. Suicide Risk <sup>7</sup>	0	0	0	0
58. Self-Harm	0	0	0	0
59. Other Self-Harm	0	0	0	0
60. Fire Setting	0	0	0	0
61. Runaway <sup>8</sup>	0	0	0	0
62. Sexual Abuse	0	0	0	0
63. Fire Setting <sup>9</sup>	0	0	0	0
64. Sexual Abuse	0	0	0	0
65. Bullying	0	0	0	0
66. Witness/Victim-Community Violence	0	0	0	0
67. Current Environmental Stressors	0	0	0	0

## TRAUMA EXPERIENCES

0 = No evidence

2 = Multiple incidents or moderate degree

1 = Single incident or suspicion

3 = Repeated and Severe

	0	1	2	3
69. Sexual Abuse <sup>10</sup>	0	0	0	0
70. Physical Abuse	0	0	0	0
71. Emotional Abuse	0	0	0	0
72. Medical Trauma	0	0	0	0
73. Natural/Man-Made Disaster	0	0	0	0
74. Witness/Victim-Community Violence	0	0	0	0
75. Witness/Victim-Community Violence	0	0	0	0
76. Witness/Victim-Community Violence	0	0	0	0
77. War Affected	0	0	0	0
78. War Affected	0	0	0	0
79. Neglect	0	0	0	0
80. Neglect	0	0	0	0

## Modules

SCHOOL	0	1	2	3
School Behavior	0	0	0	0
School Achievement	0	0	0	0
School Attendance	0	0	0	0
Relationship with Teacher(s)	0	0	0	0

INTELLECTUAL/DEVELOPMENTAL NEEDS	0	1	2	3
Cognitive	0	0	0	0
Communication	0	0	0	0
Development	0	0	0	0
Self-Care/Daily Living	0	0	0	0

VOCATIONAL/CAREER	NA	0	1	2	3
Job Functioning	0	0	0	0	0
Job History	0	0	0	0	0
Career Interests	0	0	0	0	0
Job Skills	0	0	0	0	0
Job Attainment	0	0	0	0	0

JUSTICE	0	1	2	3
Legal Compliance	0	0	0	0
Victim Accountability	0	0	0	0
Peer Involvement in Crime	0	0	0	0
General Criminal Behavior	0	0	0	0
Neighborhood Involvement	0	0	0	0

TRAUMATIC STRESS SYMPTOMS	0	1	2	3
Affect Regulation	0	0	0	0
Sexual Abuse	0	0	0	0
Attachment	0	0	0	0
Displacement	0	0	0	0
Traumatic Grief	0	0	0	0

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	0	0	0	0
Duration of Use	0	0	0	0
Stage of Recovery	0	0	0	0
Peer Influences	0	0	0	0
Parental Influences	0	0	0	0
Community Influences	0	0	0	0

RTF MODULE	0	1	2	3
Investment in Treatment	0	0	0	0
Community/On-Site Behavior	0	0	0	0
Home Visits	0	0	0	0
Caregiver Role (Partner)	0	0	0	0
Caregiver-Child Interaction	0	0	0	0
Progress towards Goals	0	0	0	0
Preparation for Discharge	0	0	0	0

SUICIDE RISK	0	1	2	3
Ideation	0	0	0	0
Intent	0	0	0	0
Planning	0	0	0	0
Attempted Suicide	0	0	0	0

RUNAWAY	0	1	2	3
Frequency of Running	0	0	0	0
Known Runaway Destination	0	0	0	0
Safety of Destination	0	0	0	0
Involvement in Illegal Acts	0	0	0	0
Likelihood of Return on Own	0	0	0	0
Involvement in Offenses	0	0	0	0
Realistic Expectations	0	0	0	0
Planning	0	0	0	0

FIRE SETTING	0	1	2	3
Seriousness	0	0	0	0
History	0	0	0	0
Planning	0	0	0	0
Disorder/Abilities	0	0	0	0
Intention to Harm	0	0	0	0
Community Risk	0	0	0	0
Response to Accusation	0	0	0	0
Denial	0	0	0	0
Likelihood of Future Fires	0	0	0	0

SEXUAL ABUSE	0	1	2	3
Emotional Closeness to Perpetrator	0	0	0	0
Duration	0	0	0	0
Perpetrator	0	0	0	0
Reaction to Disclosure	0	0	0	0

TRANSITION AGE MODULE	0	1	2	3
Independent Living Skills	0	0	0	0
Residence Stability	0	0	0	0
Transportation	0	0	0	0
Peer/Adult Relationships	0	0	0	0
Health Management & Maintenance	0	0	0	0
Skills	0	0	0	0
Educational Attainment	0	0	0	0
Identity	0	0	0	0
Resourcefulness	0	0	0	0
Financial Resources	0	0	0	0
Caregiving Role	0	0	0	0
Military Transitions	0	0	0	0

**My Life...My Story**

The following is an opportunity for the child, young adult, and/or family to share the story of their family culture directly, including: what makes them unique as a family, what are their preferences, traditions, and values, etc...

**Natural Supports:** Who is important to you in your life right now? Who do you go to when you need support? Who will you count on for support after you leave DHS services?

**Critical Information**

**Documented Information:** Examples of documented information include: hospital records, school records, discharge summaries, treatment plans, police reports, and indicated or founded child lines.

**Assessor's Observations/Knowledge/Notes:** Please include any notes, comments, or observations that the assessor wants to include as part of the consumer's CANS.

Comments Section (this section needs to be completed for any

**LIFE FUNCTIONING**

1. Family Functioning

2. Housing Situation

3. School<sup>1</sup>

4. Social Functioning

5. Recreational

6. Intellectual/Developmental<sup>2</sup>

7. Decision Making

8. Employment/Vocational<sup>3</sup>9. Legal<sup>4</sup>10. Physical/Vitality<sup>5</sup>

11. Sleep

12. Sexual Development

13. Natural Supports

**CULTURE**

43. Language

44. Ethnicity

45. Traditions and Rituals

46. Cultural Stress

**YOUTH STRENGTHS**

14. Family

15. Intellectual Skills

16. Hopefulness/Optimism

17. Recreational

18. Vocational

19. Talents/Interests

20. Spiritual/Religious

21. Community Connectedness

22. Relationship Permanence

23. Youth Involved with Care

24. Social Resources

**YOUTH RISK BEHAVIORS/FACTORS**

47. Psychosis

48. Suicide/Attempted Suicide

49. Depression

50. Anxiety

51. Oppositional

52. Conduct Behaviors

53. Adjustment to Trauma<sup>5</sup>

54. Conflict

55. Substance Use<sup>6</sup>

56. Family Displacement

TRAUMA EXPERIENCES

69. Sexual Abuse<sup>10</sup>

70. Physical Abuse

71. Emotional Abuse

72. Sexual Coercion

73. Natural/Man-Made Disaster

74. Witness to Family Violence

75. Witness/Victim-Community Violence

76. Witness/Victim-Partner Violence

77. War Affected

78. Terrorism Affected

79. Neglect

80. Other Trauma Experiences

ADDITIONAL COMMENTS, IF NECESSARY



### Visitation Encounter Form

I/ We \_\_\_\_\_ understand that my signature below verifies a visit with my ASCI caseworker on \_\_\_\_\_.

Signed:

☐ Kinship Caregiver/ Resource Parent \_\_\_\_\_ Date \_\_\_\_\_

☐ Secondary Kinship Caregiver/ Resource Parent \_\_\_\_\_ Date \_\_\_\_\_

☐ Child \_\_\_\_\_ Date \_\_\_\_\_

☐ Other (please specify relationship to child) \_\_\_\_\_ Date \_\_\_\_\_

☐ ASCI Caseworker \_\_\_\_\_ Date \_\_\_\_\_

Z:\Forms2008\POC\Visitation Encounter  
11/2008