Tribe Name

Child Abuse and Neglect Assessment

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Intake:** | | | | | | | | | | | | | | | | **Intake Workers Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. How did you or your household hear about the Sac and Fox Tribal PSSF Program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. Has any adult in the household applied for assistance with our agency before?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** |  | | | **No** | | |  | | | | | | **If yes, what expenses did you get help with?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. Tribe Program should be considered a last resort for services, what other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **agencies have you sought for services? And when?** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Has any member in the household lost or quit a job in the last 60 days?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** |  | | | | **No** | | | | | |  | | | | **Explain the reason(s) for quitting the job.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **5. Is any member of the household disabled?** | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | | | | | **No** | | |  | | | | **If yes, identify name and disability** | | | | | | | | | | | | | | | | | | | |
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| **6. Is any member of the household pregnant?** | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | | | | | **No** | | |  | | | | | | | **If yes, list name and due date:** | | | | | | | | | | | | | | | | |
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| **7. Has the parent in the household filed for Child Support?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | **No** | | | | | |  | | | | **If yes, provide date, county and** | | | | | |
| **Case manager:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Are there any foster children in the household?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | **No** | | | | |  | | | | | |  | | | | | | | |
| **If yes, provide foster payments amount:** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9. Does any adult in the household have Legal Custody or Guardianship of any child(ren) outside their family system?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | |  | | | | **No** | | | |  | | | | **If yes, submit legal documentation with your application.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Do you own your house?** | | | | | | | | | | | | | | | | | **Yes** | | |  | | | **No** | |  | | | | **If yes, provide monthly mortgage amount:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Do you have any child welfare involvement?** | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | | | **No** | | | | | | |  | | | | | | | **Please Indicate DHS or ICW and County** | | | | | | | | | | |
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| **12. Does the family have child abuse or neglect present?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | |  | | | | | | | | | **No** | | | | |  | | | |  | | |
| **Explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Income and Expenses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list all income for the month** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment:** | | | | | | |  | | | | | | | | | | | **Unemployment:** | | | | | | | | | |  | | | | | | | | | | | | | | | **VA Benefits:** | | | | | | | | | | | | | | | |  |
| **SSI/SS:** | | | | | | |  | | | | | | | | | | | **Tribal Per Cap:** | | | | | | | | | |  | | | | | | | | | | | | | | | **Retirement Benefits:** | | | | | | | | | | | | | | | |  |
| **TANF:** | | | | | | |  | | | | | | | | | | | **When:** | | | | | | | | | |  | | | | | | | | | | | | | | | **Workers Comp.:** | | | | | | | | | | | | | | | |  |
| **LIHEAP:** | | | | | | |  | | | | | | | | | | | **Child Support:** | | | | | | | | | |  | | | | | | | | | | | | | | | **Food Stamps:** | | | | | | | | | | | | | | | |  |
| **Total monthly Income:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Other:** | | | | | | | | | | | | | | | |  |
| Expenses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list all expenses for the month** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rent:** | | | | | | | | |  | | | | | | | | | **Cable/Internet:** | | | | | | | | | | |  | | | | | | | | | | | | | | | **Car Payment:** | | | | | | | | | | | | | | |  |
| **Water:** | | | | | | | | |  | | | | | | | | | **Phone:** | | | | | | | | | | |  | | | | | | | | | | | | | | | **Insurance:** | | | | | | | | | | | | | | |  |
| **Sewer:** | | | | | | | | |  | | | | | | | | | **Food:** | | | | | | | | | | |  | | | | | | | | | | | | | | | **Gas Fuel** | | | | | | | | | | | | | | |  |
| **Trash:** | | | | | | | | |  | | | | | | | | | **Child Care:** | | | | | | | | | | |  | | | | | | | | | | | | | | | **Maintenance/Repairs** | | | | | | | | | | | | | | |  |
| **Electric:** | | | | | | | | |  | | | | | | | | | **Toiletries:** | | | | | | | | | | |  | | | | | | | | | | | | | | | **Other:** | | | | | | | | | | | | | | |  |
| **Gas or Propane:** | | | | | | | | |  | | | | | | | | | **Household Products:** | | | | | | | | | | |  | | | | | | | | | | | | | | | **Other:** | | | | | | | | | | | | | | |  |
| **Total Monthly Expenses** | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Total Income :** | | | | | | | | | | | | | |  | | | | | | | | **- Total Expenses:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **=** | | | |  | | | |
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| **CASE NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | |  | | | | | | | **Family Name:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Case Number:** | | | | | | |  | |
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| **Risk Assessment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Child Welfare Recommendations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature of Intake Worker:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | |  | | | | |

**Family is approved for Family Preservation Services**

**\_\_\_ Yes \_\_\_ NO**