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:** |
|  |
| **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**