

## CAT – Response Determination Assessment

**Referral ID:**

**Screener Name:**  
 **Wrkr Emp#:**

**Time:**

**Referral Date:**

mm/dd/yyyy

**Law Enforcement Referral:**

- Officer Waiting: Immediate Response  
 Child removed by law enforcement

### REPORTER INFORMATION

Reporter's Name and Title:

Relationship to Family:

Agency/Address:

City:

Zip:

Work Phone:

Ext:

Home Phone:

### REFERRAL INFORMATION

Referral Name:

AKA:

DOB:

Language:

Ethnicity:

\*Common Address:

City, State, ZIP:

Home Phone #:

Work Phone #:

Other Phone #:

\*Indicates at Common Address

CHILD NAME / AKA (F/M/L)	SEX (M/F/U)	DOB/ AGE	SCHOOL/DAY CARE	*	LANG.	ETH.
1.				<input type="checkbox"/>		
2.				<input type="checkbox"/>		
3.				<input type="checkbox"/>		
4.				<input type="checkbox"/>		
5.				<input type="checkbox"/>		
6.				<input type="checkbox"/>		
7.				<input type="checkbox"/>		
8.				<input type="checkbox"/>		
9.				<input type="checkbox"/>		
10.				<input type="checkbox"/>		
11.				<input type="checkbox"/>		
12.				<input type="checkbox"/>		
13.				<input type="checkbox"/>		
14.				<input type="checkbox"/>		
15.				<input type="checkbox"/>		

**Current Location of Children:**

*\*Indicates at Common Address*

	PARENT/OTHER (F/M/L)	ADDRESS	*	PHONE	DOB	LANG.	ETH.
a	MOTHER		<input type="checkbox"/>				
b	FATHER		<input type="checkbox"/>				
c	GUARDIAN		<input type="checkbox"/>				
d			<input type="checkbox"/>				
e			<input type="checkbox"/>				
f			<input type="checkbox"/>				
g			<input type="checkbox"/>				
h			<input type="checkbox"/>				

**Do any of the following exist? (Mark all that apply and explain)**

**Companion Case:**

**Custody Arrangements:**

**Conditions that may be dangerous to the social worker. (i.e. weapons; vicious animals; isolated/dangerous location; violent behavior; mental illness):**

**SCREENER NARRATIVE:** collect and record information about risk factors and standard areas for review

**REPORTER'S ACCOUNT (Who, What, When, Where, How and Why Now?)**

**Summarize:**

**CURRENT CWS INVOLVEMENT**

No current CWS involvement

Open Referral – SW Name & phone #:

Open Case – SW Name & phone #:

Comments:

**PRIOR CWS HISTORY**

No prior CWS history

Referral History – Date last referral closed:

Case History – Date last case closed:

Comments:

Comments:

<b>STANDARD AREAS FOR REVIEW</b>	
1. Do you know how to locate the child or the family?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Does the alleged perpetrator have access to the child?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
3. Does the physical condition of the home present a health or safety hazard to the child?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
4. Does the child have any physical or developmental disabilities?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
5. Does the child have any known or suspected medical conditions?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
6. Does the child have any mental health or behavioral problems?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
7. Does the child have supportive relationships?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
8. Is the parent/guardian protecting the child?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
9. Is the parent/guardian meeting the child’s basic needs (minimum level of care)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
10. Does any family member appear to be engaging in, or have a history of, criminal behavior?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
11. Is there any violence in the home? (e.g. DV, pattern of threatening or aggressive behavior)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
12. Does the family have relationships with others that compromise the child’s health or safety?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
13. Has anyone in the family ever received services from a public or private social services agency? If yes, indicate contacts or agency(ies):	<b>Prior</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK <b>Current</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
<b>VULNERABLE POPULATIONS</b>	
Age 0-5	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Substance Abuse	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Chronic Neglect	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Homeless	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
<b>RESPONSE DETERMINATION (select one)</b>	
<b>STANDARD RESPONSE</b>	<b>DIFFERENTIAL RESPONSE</b>
<input type="checkbox"/> E/O	<input type="checkbox"/> E/O (Not appropriate for Path 1 Community Response)
<input type="checkbox"/> 10 Day	<input type="checkbox"/> Path 1 (Community Response)
<input type="checkbox"/> Immediate (IR)	<input type="checkbox"/> Path 2 (Joint Response)
	<input type="checkbox"/> Path 3 (CWS High Priority Response)
<b>Rationale:</b>	

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

CAT Response Determination Assessment – Focus Child: , Referral ID:

[Click Here to Run Spell Check](#)

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IGNORE THIS LINE – M: F: G: C: FORM VERSION: RD\_12 COUNTY: Generic  
FORM SAVED TO: