

CAT – Emergency Response Assessment

Start/Resume Wizard

Referral ID:

SOCIAL WORKER:	Wrkr/ Emp #:	Phone:	Referral Date:	
				mm/dd/yyyy

	PARENT/GUARDIAN NAME (F/M/L)	ICWA	Ethnicity	Language	Sex	DOB
a	MOTHER					
					F	
b	FATHER					
					M	
c	GUARDIAN					
d						
e						
f						
g						
h						

	CHILD NAME (F/M/L)	ICWA	Ethnicity	Language	Sex	DOB
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Start/Resume Wizard

PARTICIPANTS NOT ASSESSED

(Code all participants who are not involved in the assessment for the following reasons. Code all that apply)

Initial Safety Participant	Referral Dispo Participant		Initial Safety Participant	Referral Dispo Participant	
		Deceased			Unable to contact
		Rights terminated			Law enforcement request
		Incarcerated			Does not reside in home
		Services not offered or services terminated			Other:

REFERRAL ALLEGATIONS <i>(mark all that apply)</i>	ORIGINAL ALLEGATIONS <i>(indicate child #)</i>	ADDED BY SOCIAL WORKER <i>(indicate child #)</i>	SUBSTANTIATED <i>(indicate child #)</i>
physical abuse			
general neglect			
emotional abuse			
sexual abuse			
severe neglect			
caretaker absence / incapacity			
exploitation			
substantial risk			
at risk, sibling abused			

RESPONSE ASSIGNMENT

Path *(check one)*: 2 3 Community Partner: _____

STANDARD AREAS FOR REVIEW

(Complete Initial Safety column within 24 hours of initial face to face contact with victims, or when all attempts to locate the family have been unsuccessful. Review responses and note changes in Referral Dispo column within 30 days of Initial Safety Assessment. Complete this section by recording participant letters or numbers in the appropriate boxes, or write ALL if applicable.)
 Referral Dispo Assessment is the same as Initial Safety Assessment

Review Area: CODE ALL PARTICIPANTS	Yes or No	Initial Safety Participant	Referral Dispo Participant
1. Does any family member have a child welfare history? <i>(Review CWS/CMS and other available documentation to determine whether or not any family member has a past referral or case with Child Welfare Services.) Code all participants.</i>	Y		
	N		
2. Is any family member currently in an open child welfare case? <i>(Review CWS/CMS and other available documentation to determine whether or not the family has an open case with the public child welfare agency.) Code all participants.</i>	Y		
	N		
3. Are you able to locate the child and family? <i>(After appropriate efforts, respond regarding the social worker's contact with the family. If the entire family cannot be located, mark all "No", and skip to the Initial Safety Intervention and Referral Disposition and Rationale sections of the tool.) Code all participants.</i>	Y		
	N		

Review Area: CODE ALL PARTICIPANTS	Yes or No	Initial Safety Participant	Referral Dispo Participant
4. Are there any new disclosures about maltreatment that occurred before the referral, but were never brought to the attention of the child welfare agency? <i>(Maltreatment refers to acts of omission or commission by a parent/guardian resulting in harm or risk of harm to a child.) Code all participants.</i>	Y		
	N		
5. Have cultural and language issues been considered? <i>(Consider and explore the family's cultural framework in the assessment and/or development of case plans.) Code all participants.</i>	Y		
	N		
6. Does any member of the household exhibit signs of substance abuse? <i>(Consider evidence of abuse of alcohol or other drugs by the parent/guardian, or the child.) Code all participants.</i>	Y		
	N		

Review Area: CODE CHILD PARTICIPANTS	Yes or No	Initial Safety Participant	Referral Dispo Participant
7. Do members of the household have any relationships or social interactions that pose a risk to the child? <i>(Assess the quality of communications, interactions, and relationships among people who live outside the home and members of the household (those who live in and spend significant time in the home). Consider historical or current information about social relationships that affect the parent's/guardian's present ability to rely on social support systems, resolve conflicts, and communicate effectively.) Code child participants.</i>	Y		
	N		
8. Does the physical condition of the home present a health or safety hazard to the child? <i>(Assess the physical condition of the home for safety hazards or health concerns.) Code child participants.</i>	Y		
	N		
9. Does the alleged perpetrator have access to the child? <i>(Assess the perpetrator's relationship to the child and frequency of contact with the child in the home.) Code child participants.</i>	Y		
	N		
10. Does the child report safety concerns requiring intervention? <i>(Assess the child's report for confirmation of abuse or neglect in the home and safety concerns.) Code child participants.</i>	Y		
	N		

CHILD STRENGTHS <i>(indicate child # and mark all that apply):</i>					
Initial Safety Participant	Referral Dispo Participant		Initial Safety Participant	Referral Dispo Participant	
		Communication skills			Social development
		Physical health			School performance
		Behavioral health			Resiliency
		Other:			

CHILD VULNERABILITIES <i>(indicate child # and mark all that apply):</i>					
Initial Safety Participant	Referral Dispo Participant		Initial Safety Participant	Referral Dispo Participant	
		None			Age 0-5
		Mental health or behavioral problems			Known or suspected medical conditions
		Physical or developmental disabilities			Social or emotional development
		Size or mobility			Other:

Review Area: CODE ADULT PARTICIPANTS	Yes or No	Initial Safety Participant	Referral Dispo Participant
11. Does the parent/guardian have a history of, or demonstrate a tendency toward, violence? <i>(Consider evidence of a pattern of aggressive, threatening, potentially harmful or coercive behavior.) Code adult participants.</i>	Y		
	N		
12. Is there evidence of domestic violence in the home of the parent/guardian? <i>(Consider evidence of a pattern of assault or coercive behaviors used against an intimate partner, including physical, sexual, and psychological assault or coercion, as well as economic coercion.) Code adult participants.</i>	Y		
	N		
13. Does the parent/guardian interact safely with the children? <i>(Consider the verbal and non-verbal communication and behavior between parent/guardian and child.) Code adult participants.</i>	Y		
	N		
14. Is the parent/guardian meeting the child's basic needs? <i>(Assess whether the parent/guardian is providing a safe, stable home and meeting the child's fundamental needs for food, shelter, clothing, medical care and supervision.) Code adult participants.</i>	Y		
	N		
15. Is the parent/guardian protecting the child? <i>(Assess whether the parent/guardian uses internal and external resources to reduce the identified safety and risk concerns.) Code adult participants.</i>	Y		
	N		

Review Area: CODE ADULT PARTICIPANTS	Yes or No	Initial Safety Participant	Referral Dispo Participant
16. Does the parent/guardian's behavior demonstrate willingness to change? <i>(Assess the parent/guardian's motivation to change conditions that threaten child safety.) Code adult participants; answer "yes" if the parent/guardian has no need to make any changes.</i>	Y		
	N		

ADULT STRENGTHS (Code adult participants and mark all that apply)			
Strength	Initial Safety Participant	Referral Dispo Participant	
Relationships with extended family			
Structured household routines and responsibilities			
Support network of friends and neighbors			
Participation in a faith, cultural, or interest community			
Conflict-resolution skills			
Decision-making and problem-solving skills			
Stable employment during last 12 months			
Stable income during last 12 months			
Stable housing during last 12 months			
Use of community resources			
Other:			

FINAL ASSESSMENT QUESTION			
17. Can pre-placement preventive services resolve safety concerns? <i>(Consider the likelihood that services designed to prevent removal could resolve immediate safety concerns.) Code child participants</i>	Y		
	N		

INITIAL SAFETY INTERVENTION Indicate Action Taken and Provide Rationale Below Complete within 24 hours of face to face contact; or after all attempts to contact the family have been unsuccessful.		Initial Safety Assessment Date:	mm/dd/yyyy
Action Taken (indicate child #):			
	No Intervention.		
	Community follow-up; no CWS follow up.		
	Child at home with safety plan.		
	Child not at home; safety plan in place; no emergency custody.		
	Child in emergency custody.		
	Other:		

Rationale Indicate the one rationale that best explains action taken (<i>indicate child #</i>):			
	Unable to locate child or family.		Parent agreed to safety plan. Child to remain at home with CWS follow up.
	No known safety concerns. No safety plan needed.		Parent agreed to safety plan. Parent to arrange for child to stay with relative/NREFM.
	Non-offending parent/guardian protective. Other agency involved for follow up (PD, Fam., Ct, etc).		Parent agreed to safety plan. Child placed in foster home.
	Parent agreed to safety plan. Child to remain at home with community follow-up.		Placement by child welfare agency is the safety plan. Emergency placement.
	Other. Provide details:		

Specific Safety Interventions at Initial Safety Assessment:

REFERRAL DISPOSITION CONCLUSION AND RATIONALE (Complete within 30 days of initial safety assessment)		Referral Dispo Assessment Date:	mm/dd/yyyy
Describe Changes to Specific Safety Interventions:			
Referral Disposition – Indicate Action Taken and Provide Rationale Below (<i>indicate child #</i>):			
	Close referral		Open case: Child in home
			Open case: Child out-of-home
Rationale Indicate the one rationale that best explains action taken (<i>indicate child #</i>):			
	Parent(s) protecting child(ren)/Child(ren) not at risk.		Parent agreed to safety plan. Child to remain at home with CWS follow-up (CFM).
	Insufficient evidence to substantiate allegation.		Parent agreed to safety plan. Parent to arrange for child to stay with relative/NREFM.
	Non-offending parent/guardian protective. Other agency involved for follow up (PD, Fam. Ct, etc).		Parent agreed to safety plan. Child placed in foster home (VFR).
	Parent agreed to safety plan. Child to remain at home with community follow-up.		Placement by child welfare agency is the safety plan. Emergency placement (CFR).
	Parent agreed to safety plan. Child to remain at home with CWS follow-up (VFM).		Parent declined services offered.
	Other. Provide details:		
TDM:	<input type="checkbox"/> Y <input type="checkbox"/> N	Comments:	
Date:	mm/dd/yyyy	Recommendations:	
Social worker reviewed (if available) : (<i>mark all that apply</i>)		<input type="checkbox"/>	Screening assessment
		<input type="checkbox"/>	Suspected Child Abuse Report (SCAR)
		<input type="checkbox"/>	Referral history for all participants
		<input type="checkbox"/>	Case history for all participants
		<input type="checkbox"/>	Other documentation (e.g., police reports, medical reports)

CAT ER Assessment - Focus Child: , Referral ID:

SOCIAL WORKER

DATE (mm/dd/yyyy)

SUPERVISOR

DATE (mm/dd/yyyy)

[Click Here to Run Spell Check](#)

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Form Version: ER_12 (Do Not Edit)

IGNORE THIS LINE - M: F: G: C:

FORM SAVED TO: