

**CAT – PLACEMENT ASSESSMENT** **Start/Resume Wizard**

<b>Case ID #:</b>		<b>Wrkr Emp #:</b>	<b>PHONE #:</b>	<b>ASSESSMENT DATE:</b> mm/dd/yyyy
<b>SOCIAL WORKER:</b>				
<b>DATE OF INITIAL PLACEMENT:</b> mm/dd/yyyy	<b>CURRENT PLACEMENT TYPE:</b>			

	PARENT/GUARDIAN/FOSTER CAREGIVER (F/M/L)			DOB	RELATIONSHIP	LANGUAGE	ETHNICITY	
a					Mother			
b					Father			
c					Guardian			
d					Substitute Care Provider			
e								
f								
g								
h								
	CHILD NAME (F/M/L)			DOB	ICWA	GENDER	LANGUAGE	ETHNICITY
1								

**Start/Resume Wizard**

<b>PARTICIPANTS NOT ASSESSED</b>	
<b>(Code all participants who are unable to be involved in the assessment for the following reasons.)</b>	
Deceased	Unable to contact
Rights terminated	Law enforcement request
Incarcerated	Does not reside in home
Services not offered, or services terminated	Other:

<b>SUBSTANTIATED ALLEGATIONS REQUIRING INTERVENTION</b>		
<input type="checkbox"/> Caretaker absence/incapacity	<input type="checkbox"/> General neglect	<input type="checkbox"/> At risk, sibling abused
<input type="checkbox"/> Substantial risk	<input type="checkbox"/> Severe neglect	<input type="checkbox"/> Emotional abuse
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Sexual abuse

<b>PLACEMENT HISTORY</b>	
<b>1a. Has the child ever been in placement prior to the current case? (If No, skip 1b.)</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>1b. What is the total number of placements that the child has had? (Refer to CWS/CMS to determine the number of placements in the child’s CWS case history.)</b>	
<b>2. What is the total number of placements that the child has had in the current case? (Refer to CWS/CMS to determine the number of placements the child has experienced in the current case.)</b>	
<b>3a. Has a relative search been conducted?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>3b. Has the social worker considered the possibility of placement with a relative?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>3c. Has the social worker considered placement with siblings? (Indicate "N/A" if the child has no siblings or the child’s siblings are not in placement.)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N

4. Indicate the types of placement previously made in the current case (mark all that apply):					
<input type="checkbox"/>	Small family home (Regional Center)	<input type="checkbox"/>	Guardian home	<input type="checkbox"/>	Non-relative home
<input type="checkbox"/>	County foster home	<input type="checkbox"/>	Medical facility	<input type="checkbox"/>	Tribe specified home
<input type="checkbox"/>	Group home	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Foster family agency certified home
<input type="checkbox"/>	Other:				

INFORMATION GATHERED FROM THE CHILD AND FAMILY	DATE:
	mm/dd/yyyy

**5. What is the child’s permanency goal?**

Child’s Input:

Parents’ Input:

Social worker’s assessment of appropriate permanency goal (mark only one):					
<input type="checkbox"/>	Reunification	<input type="checkbox"/>	Legal guardianship with relative	<input type="checkbox"/>	PPLA/LTFC with relative
<input type="checkbox"/>	Adoption without sibling(s)	<input type="checkbox"/>	Legal guardianship with non-relative	<input type="checkbox"/>	PPLA/LTFC with non-relative
<input type="checkbox"/>	Adoption with sibling(s)	<input type="checkbox"/>	Adoption; no siblings in care	<input type="checkbox"/>	Self-maintenance or emancipation

**6. What do family members, including the child, see as the child’s strengths?**

Child’s Input:

Parents’ Input:

Social worker’s assessment of the child’s strengths (mark all that apply):					
<input type="checkbox"/>	Communication skills	<input type="checkbox"/>	Social development		
<input type="checkbox"/>	Physical health	<input type="checkbox"/>	School performance		
<input type="checkbox"/>	Behavioral health	<input type="checkbox"/>	Resiliency		
<input type="checkbox"/>	Other:				

**7. What are the concerns of the child and his or her family regarding placement?**

Child’s Input:

Parents’ Input:

Social worker’s assessment of the child’s vulnerabilities (mark all that apply):					
<input type="checkbox"/>	None	<input type="checkbox"/>	Age 0-5		
<input type="checkbox"/>	Mental health or behavioral problems	<input type="checkbox"/>	Known or suspected medical conditions		
<input type="checkbox"/>	Physical or developmental disabilities	<input type="checkbox"/>	Social or emotional development		
<input type="checkbox"/>	Size or mobility	<input type="checkbox"/>	Other:		

<b>8. Child exhibits the following (mark all that apply):</b>			
<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	Difficulty with impulse control
<input type="checkbox"/>	Runaway behavior	<input type="checkbox"/>	Delinquent behavior
<input type="checkbox"/>	Sexualized behavior	<input type="checkbox"/>	Persistent truancy from school
<input type="checkbox"/>	Other:	<input type="checkbox"/>	None of the above

**9. Indicate the child’s cultural priorities related to placement:**

Child’s Input:

Parents’ Input:

<b>Social worker’s assessment of cultural priorities (mark all that apply):</b>			
<input type="checkbox"/>	Dietary concerns	<input type="checkbox"/>	Kinship connections
<input type="checkbox"/>	Language	<input type="checkbox"/>	Lifelong mentor (important individual)
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Extra-curricular activities
<input type="checkbox"/>	Ethnic connections	<input type="checkbox"/>	Issues related to sexuality
<input type="checkbox"/>	Sibling placement	<input type="checkbox"/>	Tribal connections
<input type="checkbox"/>	Other:	<input type="checkbox"/>	School/community
		<input type="checkbox"/>	Neighborhood
		<input type="checkbox"/>	Ethnic identity
		<input type="checkbox"/>	Ongoing contact with friends
		<input type="checkbox"/>	Tolerance of lifestyle choices

**10. What are the child’s immediate needs related to placement?**

Child’s Input:

Parents’ Input:

<b>Social worker’s assessment of the child’s immediate needs related to placement (mark all that apply):</b>			
<input type="checkbox"/>	Dietary concerns	<input type="checkbox"/>	Clothing
<input type="checkbox"/>	Important possessions	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Educational	<input type="checkbox"/>	Hygiene
<input type="checkbox"/>	Contact information for friends, family and mentors	<input type="checkbox"/>	Other:
		<input type="checkbox"/>	Social or emotional support
		<input type="checkbox"/>	Medications
		<input type="checkbox"/>	Health

**11. What are the child’s ongoing needs related to placement?**

Child’s Input:

Parents’ Input:

<b>Social worker’s assessment of the child’s ongoing needs related to placement (mark all that apply):</b>			
<input type="checkbox"/>	Mental health services	<input type="checkbox"/>	Medical treatment
<input type="checkbox"/>	Education	<input type="checkbox"/>	ILSP
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Support for participation in activities
<input type="checkbox"/>	Healthy peer relationships	<input type="checkbox"/>	Pregnant or parenting youth
		<input type="checkbox"/>	Dental treatment
		<input type="checkbox"/>	Immigration status
		<input type="checkbox"/>	Healthy family relationships
		<input type="checkbox"/>	Other:

<b>Social Worker Conclusions</b>			<b>DATE:</b>	mm/dd/yyyy	
<b>12. Based on the current assessment, what is the placement decision?</b>					
<input type="checkbox"/>	Maintain child in present placement	<input type="checkbox"/>	Change placement to less restrictive care	<input type="checkbox"/>	Change placement; maintain level of care
<input type="checkbox"/>	Change placement to more restrictive care	<input type="checkbox"/>	Other:		
<b>13. For this placement decision, indicate the type of placement:</b>					
<input type="checkbox"/>	Small family home (Regional Center)	<input type="checkbox"/>	Guardian home	<input type="checkbox"/>	Non-relative home
<input type="checkbox"/>	County foster home	<input type="checkbox"/>	Medical facility	<input type="checkbox"/>	Tribe specified home
<input type="checkbox"/>	Group home	<input type="checkbox"/>	Relative home	<input type="checkbox"/>	Foster family agency certified home
<input type="checkbox"/>	Other:				
<b>14. Visitation plans are established for (mark all that apply):</b>					
<input type="checkbox"/>	Parents	<input type="checkbox"/>	Siblings	<input type="checkbox"/>	Grandparents
<input type="checkbox"/>	Other:				

<b>INFORMATION GATHERED FROM THE SUBSTITUTE CARE PROVIDER (SCP)</b>			<b>DATE:</b>	mm/dd/yyyy	
<b>15. What strengths does the prospective SCP bring to the relationship with the child in placement? (mark all that apply):</b>					
<input type="checkbox"/>	Visitation support	<input type="checkbox"/>	Transportation support		
<input type="checkbox"/>	Support for child’s medical or mental health care	<input type="checkbox"/>	Advanced behavior management training		
<input type="checkbox"/>	Support for child’s cultural background	<input type="checkbox"/>	Sibling placement		
<input type="checkbox"/>	Support for transition to independent living	<input type="checkbox"/>	Other:		
<b>16. What permanent commitment is the prospective SCP able to make to the child in placement? (mark all that apply):</b>					
<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Guardianship	<input type="checkbox"/>	Lifelong mentor (important individual)
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other:		
<b>17. The prospective SCP will support visitation in the following ways (mark all that apply):</b>					
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Supervision in foster home	<input type="checkbox"/>	Supervision outside foster home
<input type="checkbox"/>	Visits in home on week-ends or holidays	<input type="checkbox"/>	Supervision of telephone contact	<input type="checkbox"/>	E-mail
<input type="checkbox"/>	Letters	<input type="checkbox"/>	Other:		

<b>TDM Conducted:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>DATE:</b>	mm/dd/yyyy
<b>Purpose:</b>			
<b>Recommendations:</b>			

\_\_\_\_\_  
**SOCIAL WORKER**

\_\_\_\_\_  
**DATE (mm/dd/yyyy)**

\_\_\_\_\_  
**SUPERVISOR**

\_\_\_\_\_  
**DATE (mm/dd/yyyy)**

CAT Placement Assessment – Focus Child: , Case ID:

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IGNORE THIS LINE – CCID: MCID: FCID: CATVer: PA\_12

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