

# CAT – CONTINUING SERVICES ASSESSMENT

**Start/Resume Wizard**

Primary Case ID #:

SOCIAL WORKER:	Wrkr Emp #:	PHONE #:	ASSESSMENT DATE:	mm/dd/yyyy
----------------	-------------	----------	------------------	------------

initial case plan     
  case plan update     
  reunification readiness assessment

	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	LANG	ETH	CASE PLAN GOAL	ALT. GOAL
1						

**Start/Resume Wizard**

### PARTICIPANTS NOT ASSESSED

**(Code all participants who are unable to be involved in the assessment for the following reasons. Mark all that apply.)**

	Deceased		Unable to contact
	Rights terminated		Law enforcement request
	Incarcerated		Does not reside in home
	Services not offered, or services terminated		Other:

### SUBSTANTIATED ALLEGATIONS REQUIRING INTERVENTION

**(Mark all that apply.)**

<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

**Social worker has reviewed the following (if available):**

**(Mark all that apply.)**

<input type="checkbox"/>	Referral history for all participants	<input type="checkbox"/>	Case History for all participants
<input type="checkbox"/>	Other documents (e.g. police reports, medical reports):		

**CASE PLANNING STANDARD AREAS FOR REVIEW**

**(Complete the following sections by recording participant letters or numbers in the appropriate boxes, or write ALL if applicable.) For FM, complete sections A, B, and C. For FR, complete sections A, B, C, and D. For PP cases, complete sections A, B, and E.**

SECTION A: HISTORICAL INFORMATION (complete this section for all initial case plans and case plan updates)	YES OR NO	PARTICIPANT
<b>1. Has anyone in the family ever received services from a public or private social services agency?</b> <i>(Past involvement with public or private social services agencies is used to assess the family's receptiveness to these services.) Code all participants.</i>	Y	
	N	
<b>2. Since the last case plan update, are there any new disclosures about maltreatment that occurred before the initial referral for this case, but were never brought to the attention of the child welfare agency?</b> <i>(Maltreatment refers to acts of omission or commission by a caregiver resulting in harm or risk of harm to a child.) Code all participants.</i>	Y	
	N	
<b>3. Does the case plan address the cultural and language needs of the child and family?</b> <i>(Consider and explore the family's cultural framework in the assessment and development of case plans.) Code all participants.</i>	Y	
	N	
<b>4. Does the parent/guardian have a criminal history that affects the parent's/guardian's parental capacity?</b> <i>(Assess current or previous illegal activity as defined by federal and state law that may impact the parent's/guardian's protective capacity.) Code adult participants.</i>	Y	
	N	
<b>5. Before the current case was opened, had this child or family ever been the subject of a referral or case in any public child welfare agency?</b> <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	
<b>6. Since the last case plan update, have there been any new concerns about maltreatment for this child or family?</b> <i>(Consider any concerns about maltreatment which have been raised since the last assessment. Maltreatment refers to acts of omission or commission by a caregiver resulting in harm or risk of harm to a child.) Code all participants.</i>	Y	
	N	

<b>SECTION B: CHILD ASSESSMENT</b> (Complete this section for all initial case plans and case plan updates)		Yes or No
<b>7. Is the child's development appropriate?</b> (Consider any evidence that the child's language, cognitive, social/emotional, sensory or motor development is compromised.) Code child participants.	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>8. Does the child have supportive relationships with peers and adults?</b> (Assess the child's ability to form close and positive relationships with significant peers and adults.) Code child participants.	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>9. Does the child exhibit delinquent behavior?</b> (Consider any evidence that the child is persistently or habitually in conflict with the reasonable orders of his/her guardians and/or is in violation of any laws.) Code child participants.	<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>10. Does the case plan address the child's permanency needs?</b> (Assess the child's status regarding formation and maintenance of enduring attachments as well as individualized permanency options to promote safety, permanence and well-being.) Code child participants.	<input type="checkbox"/> Y <input type="checkbox"/> N	

**CHILD 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:		

**CHILD 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:

**SECTION C: CURRENT CASE STATUS INFORMATION**

(Complete this section for all FM and FR initial case plans and case plan updates)

	YES OR NO	PARTICIPANT
<b>11. Does the parent/guardian demonstrate basic parenting skills?</b> (Assess the parent's/guardian's skills related to care, guidance and discipline of children.) Code adult participants.	Y	
	N	
<b>12. Is the interaction between the parent/guardian and child appropriate?</b> (Consider the verbal and non-verbal communication and behavior between parent/guardian and child.) Code adult participants.	Y	
	N	

Review Area Case Status	YES OR NO	PARTICIPANT
<b>13. Is the parent/guardian/caregiver meeting the child’s basic needs?</b> <i>(Assess both the parent’s and the caregiver’s ability to provide a safe, stable home and meet the child’s fundamental needs for food, shelter, clothing, medical care and supervision.) Code adult participants.</i>	Y	
	N	
<b>14. Is the parent/guardian/caregiver meeting the child’s medical and dental care needs?</b> <i>(Assess both the parent’s and the caregiver’s ability to address the child’s need for basic medical and dental care, including routine examination, diagnosis or treatment and hospital care.) Code adult participants.</i>	Y	
	N	
<b>15. Is the parent/guardian/caregiver meeting the child’s educational needs?</b> <i>(Consider the child’s academic performance and the response of both the parent and the child to any barriers that are identified that may interfere with the child’s successful academic performance.) Code adult participants.</i>	Y	
	N	
<b>16. Is the pattern and quality of visitation appropriate?</b> <i>(Assess the formalized visitation between parent and child to promote the continuity of parent child relationships and permanency.) Code adult participants; answer yes if visitation is not applicable due to FM status, court order, or the initial case plan.</i>	Y	
	N	
<b>17. Is the parent/guardian in compliance with and making progress toward the case plan objectives?</b> <i>(Assess the parent’s/guardian’s progress in achieving the objectives of the change-oriented interventions specified in the case plan.) Code adult participants.</i>	Y	
	N	
<b>18. Are the parent’s/guardian’s mental health and coping skills appropriate?</b> <i>(Assess the parent’s/guardian’s emotional and psychological well-being, including ability to use cognitive and emotional capabilities to handle the day to day stresses of life and function effectively in society.) Code adult participants.</i>	Y	
	N	
<b>19. Does any member of the household exhibit signs of substance abuse?</b> <i>(Consider evidence of abuse of alcohol or other drugs by the parent/guardian, or the child.) Code all participants.</i>	Y	
	N	
<b>20. Do members of the household have any relationships or social interactions that pose a risk to the child?</b> <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>	<input type="checkbox"/> Y <input type="checkbox"/> N	

Review Area Case Status	YES OR NO	PARTICIPANT
<b>21. Is there evidence of domestic violence in the home of the parent/guardian?</b> <i>(Consider evidence of a pattern of assault and coercive behaviors used against an intimate partner including physical, sexual, and psychological assault or coercion, as well as economic coercion.)</i> <b>Code adult participants.</b>	Y	
	N	

<b>ADULT STRENGTHS</b> <b>(Code Adult Participants and mark all that apply)</b>			
	Relationships with extended family		Decision-making and problem-solving skills
	Structured household routines and responsibilities		Stable employment during last 12 months
	Support network of friends and neighbors		Stable income during last 12 months
	Participation in a faith, cultural, or interest community		Stable housing during last 12 months
	Conflict resolution skills		Use of community resources
	Other:		

<b>SECTION D: REUNIFICATION READINESS ASSESSMENT (FR to FM)</b> <b>Complete this section for FR cases in preparation for returning children home.</b>		YES OR NO	PARTICIPANT
<b>22. Since the last case plan update, has any parent/guardian been named in any new referrals for maltreatment?</b> <i>(Assess reports received by the child welfare agency regarding new allegations.)</i> <b>Code adult participants.</b>	Y		
	N		
<b>23. Is the parent/guardian protecting the child?</b> <i>(Assess the parent's/guardian's ability and willingness to use internal and external resources to reduce the identified safety and risk concerns.)</i> <b>Code adult participants.</b>	Y		
	N		
<b>24. Does the parent/guardian have a history of, or demonstrate a tendency toward, violence?</b> <i>(Evidence of a pattern of aggressive, threatening, potentially harmful or coercive behavior.)</i> <b>Code adult participants.</b>	Y		
	N		
<b>25. Does the perpetrator have access to the child?</b> <i>(Assess the perpetrator's relationship to the child and frequency of contact with the child in the home.)</i> <b>Code child participants.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>26. Does the physical condition of the home present a health or safety hazard to the child?</b> <i>(Assess the physical condition of the home for safety hazards and health concerns.)</i> <b>Code child participants.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		

<p align="center"><b>SECTION E: PP ASSESSMENT</b></p> <p align="center"><b>Complete this section for all children in PP status.</b></p>	<p align="center">YES OR NO</p>	<p align="center">PARTICIPANT</p>
<p><b>27. Is the interaction between the parent/guardian and child appropriate for the current visitation plan?</b>  <i>(Assess the interaction of the parent and child during visits including parenting skills, guidance, discipline, communication, and the quality and reciprocity of the relationship.)</i>  <b>Code all participants; indicate yes if visitation is not applicable due to court order or current case plan.</b></p>	<p><b>Y</b></p>	
	<p><b>N</b></p>	
<p><b>28. Are the child’s basic needs being met by a caregiver?</b>  <i>(Assess whether the caregiver is providing a safe, stable home and meeting the child’s fundamental needs for food, shelter, clothing, medical care and supervision.)</i> <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>
<p><b>29. Are the child’s medical and dental care needs being met by a caregiver?</b>  <i>(Assess whether the caregiver is addressing the child’s need for basic medical and dental care, including routine examination, diagnosis or treatment and hospital care.)</i> <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>
<p><b>30. Are the child’s educational needs being met by a caregiver?</b>  <i>(Consider the child’s academic performance and the response of the caregiver to any barriers that are identified that may interfere with the child’s successful academic performance.)</i> <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>
<p><b>31. Does the child’s mental health status interfere with his/her activities of daily living?</b>  <i>(Assess the child’s mental health status, coping skills and the effect on child vulnerability.)</i>  <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>
<p><b>32. Does the child exhibit signs of substance abuse?</b>  <i>(Consider evidence of abuse of alcohol or other drugs by the child.)</i> <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>
<p><b>33. Is the child involved in any relationships characterized by domestic violence?</b>  <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.)</i> <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>
<p><b>34. Does the child have adequate social supports?</b>  <i>(Assess the child’s social interactions including support systems and stressors.)</i> <b>Code child participant.</b></p>	<p><input type="checkbox"/> <b>Y</b></p>	<p><input type="checkbox"/> <b>N</b></p>

**ASSESSMENT CONCLUSION**

**Termination of Services**

Indicate if the agency will recommend termination of services (*code adult participants*)

**Recommended Living Arrangement for Child**

<input type="checkbox"/>	Child to live at home	<input type="checkbox"/>	Child to be in placement
<input type="checkbox"/>	Child to live with non-custodial parent	<input type="checkbox"/>	Other:
<b>Recommended case plan goal</b>			
<input type="checkbox"/>	Remain home	<input type="checkbox"/>	Legal guardianship with relative
<input type="checkbox"/>	Return home	<input type="checkbox"/>	Legal guardianship with non-relative
<input type="checkbox"/>	Adoption without sibling(s)	<input type="checkbox"/>	PPLA/LTFC with relative
<input type="checkbox"/>	Adoption with sibling(s)	<input type="checkbox"/>	PPLA/LTFC with non-relative
<input type="checkbox"/>	Adoption; no siblings in care	<input type="checkbox"/>	Self-maintenance or emancipation
<input type="checkbox"/> Check here if this goal represents a change			

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
DATE

[Click Here to Run Spell Check](#)  
[Click Here to Print Document](#)  
[Click Here when Form Completed](#)

IGNORE THIS LINE – CCID:    MCID:    FCID:    GCID:    CATVer: CSS\_12  
 FORM SAVED TO: