

CAT – CASE CLOSURE ASSESSMENT

Start/Resume Wizard

Case ID #:

SOCIAL WORKER:		Wrkr Emp #:		PHONE:		ASSESS DATE:	
						mm/dd/yyyy	
	PARENT/GUARDIAN NAME (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	LANGUAGE	ETHNICITY	
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.)

<input type="checkbox"/>	Deceased	<input type="checkbox"/>	Unable to contact
<input type="checkbox"/>	Rights terminated	<input type="checkbox"/>	Law enforcement request
<input type="checkbox"/>	Incarcerated	<input type="checkbox"/>	Does not reside in home
<input type="checkbox"/>	Services not offered, or services terminated	<input type="checkbox"/>	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):		

<input type="checkbox"/>	Case closed due to adoption finalization. Skip to Child Strengths.	Date Closed:	mm/dd/yyyy
<input type="checkbox"/>	Case closed due to emancipation. Skip to Child Strengths.		
<input type="checkbox"/>	Case closed to new legal guardianship. Skip to Child Strengths.		

CASE CLOSURE STANDARD AREAS FOR REVIEW (Complete this section by recording participant letters or numbers in the appropriate boxes, or write ALL if applicable.)		
REVIEW AREA: Code All Participants	YES OR NO	PARTICIPANT
1. Are you able to locate the child and family? <i>(After appropriate efforts, respond regarding the social worker's contact with the family.) Code all participants.</i>	Y	
	N	
2. Since the last case plan update, have there been any new concerns about maltreatment for this child or family? <i>(Consider any concerns about maltreatment that 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	
3. Since the last case plan update, have there been 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? <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	
4. 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	
5. Have cultural and language issues been considered? <i>(Consider and explore the family's cultural framework in the assessment and development of case plans.) Code all participants.</i>	Y	
	N	
6. Since the last case plan update, has any parent/guardian been named in any new referrals for maltreatment? <i>(Assess reports received by the child welfare agency regarding new allegations.) Code adult participants.</i>	Y	
	N	
7. Does the parent/guardian interact safely with the child? <i>(Consider the verbal and non-verbal communication and behavior between the parent/guardian and child including the quality and reciprocity of the relationship.) Code adult participants.</i>	Y	
	N	
8. Is the parent/guardian/caregiver meeting the child's basic needs? <i>(Assess whether the parent/guardian/caregiver 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	

REVIEW AREA: Code Adult Participants	YES OR NO	PARTICIPANT
9. 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	
10. Does the parent/guardian have a history of, or demonstrate a tendency toward, violence? <i>(Evidence of a pattern of aggressive, threatening, potentially harmful or coercive behavior.) Code adult participants.</i>	Y	
	N	
11. Did the parent/guardian comply with and make substantive progress toward the case plan objectives? <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	
12. Is the parent/guardian protecting the child? <i>(Assess whether the parent/guardian uses internal and external resources to mitigate or ameliorate the identified safety and risk concerns and to support the safety of the child.) Code adult participants.</i>	Y	
	N	

ADULT STRENGTHS <i>(Code Adult Participants and mark all that apply)</i>			
	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:		

REVIEW AREA: Code Child Participant	YES OR NO
13. Does the physical condition of the home present a health or safety hazard to the child? <i>(Assess the home environment including the physical condition of the home, safety hazards, and health concerns.) Code child participant.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
14. Does the 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 participant.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N

REVIEW AREA: Code Child Participant	YES OR NO
<p>15. 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.)</i> Code child participant.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>16. Have the child's permanency needs been addressed? <i>(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.)</i> Code child participant.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

CHILD STRENGTHS <i>(mark all that apply):</i>			
<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 <i>(mark all that apply):</i>			
<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:

REASON FOR CASE CLOSURE <i>(please select one):</i>					
<input type="checkbox"/>	Family stabilized (FM)	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Child placed with non-custodial parent
<input type="checkbox"/>	Family reunification	<input type="checkbox"/>	Emancipation	<input type="checkbox"/>	Family refused services (VFM)
<input type="checkbox"/>	Legal guardian	<input type="checkbox"/>	Other:		
COURT ORDERED CLOSURE					
<input type="checkbox"/> Check if court ordered closure contrary to agency recommendations					

SERVICES PROVIDED AT CASE CLOSURE <i>(mark all that apply; choose at least one):</i>	
<input type="checkbox"/>	Advised family of services available in their community.
<input type="checkbox"/>	Linked family to services in their community.
<input type="checkbox"/>	Advised service providers and collateral contacts that the case is closing.
<input type="checkbox"/>	Advised the caregiver of where to go for help.
<input type="checkbox"/>	Advised the child of where to go for help.
<input type="checkbox"/>	Provided emancipation documents to the youth.
<input type="checkbox"/>	Aftercare Services Needed
<input type="checkbox"/>	Aftercare Services Requested
<input type="checkbox"/>	Aftercare Plan - TILP – Developed for Transitioning Youth (copy in service file)
<input type="checkbox"/>	Aftercare Plan Developed with Family Input (fill in summary below with specific services/providers)

COMMENTS / CLOSING SUMMARY
(Include outreach efforts to link family to services. If follow-up on aftercare plan is needed, who will do follow-up):

SOCIAL WORKER

DATE (mm/dd/yyyy)

SUPERVISOR

DATE (mm/dd/yyyy)

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[Click Here when Form Completed](#)

IGNORE THIS LINE – CCID: MCID: FCID: GCID: CATVer: CC_12
 FORM SAVED TO: