

# Risk and Needs Assessment

Client Number:  
*To be added AFTER case acceptance*

## General Information

1. Identifying information:

	<b>Full Name</b>	<b>DOB + Age</b>	<b>SSN ONLY IF NEEDED</b>
<b>Mother</b>			
<b>Father</b>			
<b>Child</b>			
<b>Child</b>			
<b>Child</b>			
<b>Child</b>			

2. Current address of family (list multiple addresses if necessary):

3. Phone numbers (may we leave messages?):

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4. Email addresses:

## Risk Assessment

5. Parents' current marital status:

**STRENGTH**

Married

Separated, Never Married

Cohabiting, Never

Divorced

Widowed

6. Does anyone, other than the people listed in Question 1, live in the home (include anyone who may live in the home sporadically)? If yes, please describe.

Yes

No

7. Parents ages at birth of children:

Mother:

Father:

8. Were parents ever involved with child welfare system as children? If yes, please describe.

Yes

No

9. What are the estimated percentages of child caretaking by each parent/caretaker?

**STRENGTH**

10. Level of education completed by parents:

**STRENGTH**

11. Was either parent in military? If yes, please note branch, dates of service and discharge status.

Yes

No

# Risk and Needs Assessment

## **STRENGTH**

### 12. Substance abuse (parents and/or children)

- |   |     |    |
|---|-----|----|
| a. Current substance abuse issue:         | Yes | No |
| i. Substance of choice:                   |     |    |
| ii. Period of use:                        |     |    |
| b. Prior substance abuse issue:           | Yes | No |
| i. Substance of choice:                   |     |    |
| ii. Period of use:                        |     |    |
| c. Current substance abuse/use treatment: | Yes | No |
| i. Dates in program:                      |     |    |
| d. Prior substance abuse/use treatment:   | Yes | No |
| i. Successful completion of program?      |     |    |
| ii. If unsuccessful, why?                 |     |    |
| iii. Dates in program:                    |     |    |

### 13. Mental health (parents and/or children)

## **STRENGTH**

- |   |     |    |
|---|-----|----|
| a. Current or former mental health issues? If yes, please describe. | Yes | No |
| b. Currently taking medication for mental health issues?            | Yes | No |

# Risk and Needs Assessment

c. Currently participating in mental health treatment (non-medication)?

Yes

No

i. Is a disruption in treatment likely? If yes, please explain.

Yes

No

14. Medical care

## **STRENGTH**

a. Do parents currently have medical insurance coverage (including Medicare/Medicaid)? Please describe.

Yes

No

b. Do children currently have medical insurance coverage (including Medicare/Medicaid)? Please describe.

Yes

No

c. If not, when was the last time parents and/or children had medical insurance coverage?

d. Is disruption in medical insurance coverage likely? If yes, please explain.

Yes

No

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e. Do parents feel that they can access needed medical care for themselves and their children easily? Please explain.

Yes

No

f. Does anyone have a disability? If yes, please explain.

Yes

No

## 15. Socioeconomic status

### **STRENGTH**

a. Household total monthly income:

i. Income sources:

b. Parental employment status. If employed, include employer and duration of employment.

i. Mother:

Yes

No

ii. Father:

Yes

No

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c. Barriers to parental employment

- i. Does either parent have a juvenile or criminal record history? If yes, please provide as much detail as possible.

Yes

No

- ii. Other barriers identified by parents:

- d. Current or previous homelessness by either parent or family? If yes, please explain.

Yes

No

- e. Describe current housing situation, including stability.

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f. Credit

i. Have parents performed a credit check? If yes, when?

Yes

No

ii. Do parents have a basic understanding of the credit system?

Yes

No

iii. Is family aware of current credit/financial problems? If yes, please explain.

Yes

No

iv. Does family use payday lenders, check cashing services, or title loan services? If yes, please explain.

Yes

No

# Risk and Needs Assessment

## 16. Domestic violence

### **STRENGTH**

- a. Has anyone in the family been a victim of domestic violence? If yes, please explain.
  
- b. Has anyone in the family been a perpetrator of domestic violence (incl. children)?  
If yes, please explain.
  
- c. Did the parents witness domestic violence as children? If yes, please explain.
  
- d. Have the children witnessed domestic violence? If yes, please explain.

## 17. Victims of crime

### **STRENGTH**

- a. Has anyone in the family been a victim of crime? If yes, please explain.

Yes

No



# Risk and Needs Assessment

## **STRENGTH**

### 18. Public benefits and services

#### a. Food Stamps (SNAP)

Have + Amount:	Denied	Need
Family members covered:		

#### b. Cash Assistance (Ohio Works First)

Have + Amount:	Denied	Need
Family members covered:		

#### c. SSI/SSD

Have + Amount:	Denied	Need
Family members covered:		

#### d. Unemployment Compensation

Have + Amount:	Denied	Need
Family members covered:		

#### e. Veterans Benefits

Have + Amount:	Denied	Need
Family members covered:		

#### f. Help Me Grow

Have + Amount:	Denied	Need
Family members covered:		

#### g. Child Care

Have + Amount:	Denied	Need
Family members covered:		

#### h. Other, please specify:

Have + Amount:	Denied	Need
Family members covered:		

Public benefits and services notes:

# Risk and Needs Assessment

i. Have all family members been screened for benefits eligibility in the past 6 months (Benefit Bank, etc)?

Yes

No

j. If not, which family members have NOT been screened for benefits eligibility in the past 6 months?

k. Is the family having problems accessing benefits? If yes, please explain

Yes

No

l. Is the family linked to community services?

Yes

No

i. Which ones and for how long?

ii. If not, what types of services are needed?

## Needs Assessment

19. **Personal Documents** *For each of the documents listed, please indicate which family members have or need each document.*

a. Birth Certificate

Have: Family members:

Need: Family members:

b. Social Security Card

Have: Family members:

Need: Family members:

c. Driver's License

Have: Family members:

Need: Family members:

d. Car Insurance

Have: Family members:

Need: Family members:

e. State ID card

Have: Family members:

Need: Family members:

# Risk and Needs Assessment

## 20. Sealing and Expungement

- a. Does anyone in the family have a juvenile delinquency or adult criminal record? If yes, please give as much detail as possible.

Yes

No

- b. Are the records eligible to be sealed and/or expunged? Please include any relevant details, questions or notes.

Yes

No

Unsure

# Risk and Needs Assessment

**21. Legal Documents** *For each of the legal documents below, please indicate if the family has, needs or does not want/need. Please add any notes under subsection h.*

a. Living will:

Have                      Need                      Don't want/need

b. Power of Attorney (financial or medical):

Have                      Need                      Don't want/need

c. Will:

Have                      Need                      Don't want/need

d. Grandparent POA:

Have                      Need                      Don't want/need

e. Caretaker Authorization Affidavit:

Have                      Need                      Don't want/need

f. Other custody options:

Have                      Need                      Don't want/need

g. Does the family need help understanding or negotiating a contract? If yes, describe.

Yes                      No

h. Legal documents notes:

# Risk and Needs Assessment

## 22. Housing

a. Please describe the family's current housing situation:

b. Does the family own or rent the home?

Rent	Own
------	-----

c. If rent, does the family have a copy of the current lease agreement?

Yes	No	N/A
-----	----	-----

d. Does the family have any problems landlord or property manager? If yes, please describe.

Yes	No
-----	----

e. Is the family currently receiving any financial housing assistance (public housing, Section 8, other subsidies)?

Yes	No
-----	----

f. If not, has the family applied for financial housing assistance? Please provide details.

Yes	No
-----	----

g. If not, does family need help applying for financial housing assistance?

Yes	No
-----	----

# Risk and Needs Assessment

## 23. **Public benefits**

- a. Referring to the the information on pages 9 and 10, which family members need assistance applying for and/or accessing which benefits?

## 24. **Credit/financial**

- a. May we run credit checks for both parents?

Yes

No

- b. Do parents feel obtaining children's credit reports is necessary? If yes, please explain.

Yes

No

c. Do parents have checking and/or savings accounts? If not, why and can we assist?

Checking

Savings

Both

Neither

d. Are parents aware of current credit and/or financial problems with which we can assist? If yes, please explain. *This question may have been answered on page 7. Copy/paste if applicable.*

Yes

No

## 25. Referrals

a. Does the family need referrals or other information on any of the following topics?

i. Domestic violence:

ii. Victims of Crime Act compensation:

iii. Employment/work readiness:

iv. Parenting classes:

v. Pro and low bono attorneys:

vi. Other (describe in b.):

b. Notes on needed referrals/information: