**LEVEL OF CARE ASSESSMENT**

**A. Screening Profile**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: |  | Date of Birth | Age | Social Security No. |
| Sex: **M F** |  | Ethnicity | Primary Language | Place of Birth (city, state, country) | Child’s Person ID No. |
| Height | Weight | Religious Preference: | Child’s Current Location or Placement | Country ofCitizenship |

1. **Briefly describe your impressions of the child including present problems:**

**Briefly describe the child’s strengths:**

1. **Special Needs, Problems and Behaviors**

|  |  |  |  |
| --- | --- | --- | --- |
| Is child considered a danger to self?YesNo | Is child considered a danger to others?YesNo | Number runaways from home: | Number runaways from placement: |
| Any history of setting fires?YesNo | Other Significant Problems or Behaviors: |  |

1. **Juvenile Justice History**

Does the child have a history of involvement with the juvenile justice system?

 Yes No Unknown

|  |  |  |  |
| --- | --- | --- | --- |
| Number of referrals to juvenile authorities: | Number of adjudications for delinquent acts: | Number of adjudications for CINS offenses: | Current Offense |

1. **Placement History – Please fill out section OR send Court Report with pertaining information**

Has the child been placed away from home before? Do not include stopover placements such as emergency shelters, detention, TYC Reception Center,

Informal placements with relatives, or return(s) to home ......................................................................

 Yes No Unknown

|  |  |  |
| --- | --- | --- |
| If yes: Number of previous out-of-home placements:Date of discharge from most recent out-of-home placement: | Number of failed adoption placements: | Level of Care of current/most recent out-of-home placement: |

**Reason for Discharge:**

1. **Substance Abuse History**

Does the child have a history of substance abuse? .....................................................................................................

 Yes No Unknown

If yes, indicate degree of substance abuse:

|  |  |  |  |
| --- | --- | --- | --- |
| AlcoholNoneMildModerateSevereUnknown | InhalantsNoneMildModerateSevereUnknown | MarijuanaNoneMildModerateSevereUnknown | Cocaine/CrackNoneMildModerateSevereUnknown |
| Other Drugs (Specify)\_\_\_\_\_\_\_\_\_\_\_NoneMildModerateSevereUnknown | Is specialized program required?YesNoUnknownSpecify: |

1. **History of Abuse and Neglect**

Does the child have a history of abuse or neglect? ..........................................................................................................

 Yes No Unknown

If yes, indicate degree:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PhysicalNoneMildModerateSevereUnknown | Sexual | NoneMildModerateSevereUnknown | EmotionalNoneMildModerateSevereUnknown | NeglectNoneMildModerateSevereUnknown |

Abandonment? ...................................................................................................................................................................

 Yes No Unknown

1. **Family/Parental Involvement**

|  |  |  |
| --- | --- | --- |
| Managing ConservatorMotherFatherCDOther | Mother’s Parental Rights TerminatedYesNoMother’s location known?Yes NoDate of last in person visit with Mother:Date of last contact: | Father’s Parental Rights TerminatedYesNoFather’s location known?Yes NoDate of last in person visit with Father:Date of last contact: |
| Will family/others participate in treatment or cooperate with others?YesNo | Can child return home?Yes-PermanentlyNo-Not At AllFor Visits OnlyUnknown |

1. **Education**

|  |  |
| --- | --- |
| Highest Grade Completed: |  |
| Currently Enrolled in School?YesNo | History of Truancy?YesNoUnknown | Educational NeedsRegular ClassesVocational ResourceSpecial EducationOn CampusOther (specify): |
| IQ Scores: Full Scale | Verbal | Performance |  Unknown |
| Date of Most Recent IQ Test: | Name of Test: |  |  |

1. **Physical Health/Disabilities**

Does the child have a diagnosed or suspected health condition or disability?.............................................

 Yes No Unknown

If yes, describe the condition and treatment required, if any:

|  |  |  |
| --- | --- | --- |
| ConditionAcute Unknown  Chronic | SeverityMild SevereModerate Unknown | Requires Specialized TreatmentYes Unknown No |
| List Allergies : | List of Current Medications: |

1. **Mental Health**

Does the child have mental health needs requiring treatment? .........

 Yes No Unknown

Date of most recent psychological or psychiatric evaluation: ...................................................

DSM V Diagnosis:

|  |  |  |
| --- | --- | --- |
| Referring Agency/Organization | Agency Contact Person | Telephone No. (Inc. A/C) |
| Agency Address |  |  |
| Name of Person Completing Form | Title | Date Completed |
| Where Placed--Facility Name and Location |

**A. Recommended level of care**...........................................................................................................................................

List the key elements, in order of importance, that led you to the recommended Level of Care:

1. **Most important:**
2. **Next most important:**
3. **Third most important:**

|  |
| --- |
| **C O N T E N T S**SECTION 1--Social and Developmental Assessment SECTION 5--Substance Abuse History SECTION 9--EducationSECTION 2--Special Needs, Problems, and Behaviors SECTION 6--History of Abuse/Neglect SECTION 10--PhysicalHealth/DisabilitiesSECTION 3--Juvenile Justice History SECTION 7--Family History SECTION 11--Mental HealthSECTION 4--Placement History SECTION 8--Financial Information SECTION 12--Other Attachments |

**Other considerations or comments, if any:**

**Please fill out all sections or indicate if Not Applicable or Provide Court reports and assessments that provide the information requested.**

**SECTION 1--Social and Developmental Assessment**

Describe the child’s general social and developmental history. Feel free to expand the description of your impressions of the child. Be sure to include all of the following:

1. **A description of the circumstances that led to the child’s referral.**
2. **The immediate and long-range goals of placement.**
3. **A description of the child’s relationship with other significant adults and children.**
4. **A description of the child’s behavior, including both appropriate and inappropriate behavior:**
5. **The child’s developmental history and current level of functioning.**

**F. Child’s Strengths:**

**SECTION 2--Special Needs, Problems and Behaviors**

Describe in detail the special needs, problems, or behaviors identified in Section 2 of the Screening Profile.

**A. Suicide history. Describe in detail suicide attempts and suicidal gestures. Include the number of suicide attempts, and the date of the last known suicide attempt. B. History of assaultive behavior.**

1. **Runaway history:**
2. **Other significant needs, problems and behaviors (including setting fires, maternity, etc.).**

Briefly describe the child’s history of delinquency. Include a description of contributing factors, and any patterns of delinquency you detect.

Describe the child’s most recent criminal episode, contributing factors, the child’s actions or role in the episode, and how this episode fits into the child’s history of delinquency.

**ATTACH ALL COURT ORDERS INVOLVING THE JUVENILE JUSTICE SYSTEM**

**Section 4--Placement History** Page of Start with the child’s most recent out-of-home placement:

|  |  |  |
| --- | --- | --- |
| Date Placed | Name of Facility or Living Arrangement | License Type |
| Address | Contact Person | Telephone No. |
| Date Placement Ended | Reason Placement Ended |
| Level Of Care and Dates Assigned | **Continued Contact of Child with Placement Recommended:** Yes No Unknown |
| Date Placed | Name of Facility or Living Arrangement | License Type |
| Address | Contact Person | Telephone No. |
| Date Placement Ended | Reason Placement Ended |
| Level Of Care and Dates Assigned | **Continued Contact of Child with Placement Recommended:** Yes No Unknown |
| Date Placed | Name of Facility or Living Arrangement | License Type |  |  |
| Address | Contact Person | Telephone No. |  |  |
| Date Placement Ended | Reason Placement Ended |  |  |
| Level Of Care and Dates Assigned | **Continued Contact of Child with Placement Recommended:** Yes No Unknown |
| Date Placed | Name of Facility or Living Arrangement | License Type |
| Address | Contact Person | Telephone No. |
| Date Placement Ended | Reason Placement Ended |
| Level Of Care and Dates Assigned | **Continued Contact of Child with Placement Recommended:** Yes No Unknown |

**SECTION 5--Substance Abuse History**

1. Describe the child’s history of substance use, abuse, manufacture, possession, and/or delivery.
2. Describe the child’s family history of substance use, abuse, manufacture, possession, and/or delivery. Include not only parents and siblings, but also extended-family members (such as grandparents, aunts, uncles) even if they do not live in the same household as the child.
3. Describe any treatment the child has received for substance abuse and the success or failure of this treatment. Include the lengths and dates of treatment, whether the program was residential or outpatient, whether the child completed the program, whether the family was included in the treatment and so on.

**SECTION 6--History of Abuse and Neglect**

1. **Type of Abuse and Neglect (check all that apply):**

|  |  |
| --- | --- |
| **Abandonment**Reason to BelieveLegally Confirmed/Adjudicated | Neglectful SupervisionReason to BelieveLegally Confirmed/Adjudicated |
| Medical NeglectReason to BelieveLegally Confirmed/Adjudicated | Physical NeglectReason to BelieveLegally Confirmed/Adjudicated |
| Emotional AbuseReason to BelieveLegally Confirmed/Adjudicated | Physical AbuseReason to BelieveLegally Confirmed/Adjudicated |
| Sexual AbuseReason to BelieveLegally Confirmed/Adjudicated |  |

1. **What did the parent/perpetrator do? Summarize the role of each parent/perpetrator.**
2. **What happened to the child? Summarize the extent of harm (or the substantial risk of harm) to the child.**

**SECTION 7--Family History**

|  |  |
| --- | --- |
| Home Address (Street, City, State, Country, ZIP) | Telephone No. |
| Marital Status of Birth Parents: | Marital Status of Adoptive Parents: |
| If adopted, what does the child know about his or her birth parents? |
| Deaths in immediate family (list names, relationships, and the referred child’s age at the time of each death): |

Persons in Home

|  |  |  |  |
| --- | --- | --- | --- |
| Father | Date of Birth\* | Type of ParentBirth Adoptive Step | Social Security No. |
| Mother | Date of Birth\* | Type of ParentBirth Adoptive Step | Social Security No. |

**BLOOD SIBLINGS DATE OF BIRTH\***

**BLOOD SIBLINGS DATE OF BIRTH\***

**OTHER CHILDREN**

**DATE OF BIRTH\***

**RELATIONSHIP / ROLE**

**OTHERS**

**DATE OF BIRTH\***

**RELATIONSHIP / ROLE**

**\*Give approximate age if date of birth is unknown.**

**Significant Persons Out of Home**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Father | Date of Birth\* | Type of ParentBirth Adoptive Step |  | Social Security No**.** |
| Address (Street, City, State, Country, ZIP) |  | Telephone No. |  | Currently Involved withChild Yes No |
| Mother | Date of Birth\* | Type of ParentBirth Adoptive Step |  | Social Security No. |
| Address (Street, City, State, Country, ZIP) |  | Telephone No. |  | Currently Involved withChild Yes No |
| **OTHERS** | **DATE OF BIRTH\*** | **RELATIONSHIP / ROLE** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**\*Give approximate age if date of birth is unknown.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristics of Individual Family****Members with Whom Child has Lived:** | **NO** | **YES** | **FAMILY MEMBER(S)** |
| 1. Violent Toward Family Members |  |  |  |
| 2. Suicide |  |  |  |
| 3. Substance Abuse Problems |  |  |  |
| 4. Criminal Behavior |  |  |  |
|  5. Involving a Child in Criminal Behavior |  |  |  |
|  6. Mental Retardation or Limited Intellectual Ability |  |  |  |
| 7. Mental Illness or Disability |  |  |  |
| 8. Physical Illness or Disability |  |  |  |
| 9. Sexual Deviance |  |  |  |
| Characteristics of the Family with Whom Child has Lived: | Not AtAllLikeFamily | Somewhat/ SometimesLike Family | Very Much or Often Like Family | Characteristics of the Family with Whom Child has Lived Continued: | Not AtAll LikeFamily | Somewhat/ SometimesLike Family | Very Much or Often LikeFamily |
| 1. Chronic Poverty |  |  |  | 7. Difficult or Unacceptable toExpress Emotions |  |  |  |
| 2. Chaotic Home Environment |  |  |  | 8. Frequent Family Moves or School Moves |  |  |  |
| 3. Rigid, Inflexible |  |  |  | 9. Child Moved from One Parent or Family Member to Another |  |  |  |
| 4. Smothering; Individualization of Members is Discouraged |  |  |  | 10. Concern withPsychosomatic Complaints |  |  |  |
| 5. Enmeshed; Few OutsideInvolvements |  |  |  | 11. Social Isolation |  |  |  |
| 6. Discipline Skills Lacking |  |  |  | 12. Illiteracy |  |  |  |

* 1. **Briefly describe the child’s relationships with family members and significant others, both in and out of the home. Address both strengths and weaknesses.**
	2. **Briefly describe the overall family situation, highlighting the positive and negative aspects of the child’s family environment including all the “Family Characteristics” checked on page .**
	3. **Other significant information**:

**SECTION 8--Financial Information** Page of Attach: A copy of client’s Medicaid card, if any.

Is the family eligible for Medicaid?.................................................................................

Yes

No

Unknown

Is the family currently receiving Medicaid?.....................................................................

Yes

No

Unknown

Funds Applicable to Child:

|  |  |  |
| --- | --- | --- |
| VA -- Amount | VA No. | Received By |
| Social Security --Amount | Social Security No. | Received By |
| CHAMPUS -- Amount | CHAMPUS I.D. No. | Received By |
| AFDC/SPFC --Amount | County Paid FC --Amount | Child Support --Amount | Paid By | County |

Insurance Applicable to Child:

|  |  |  |
| --- | --- | --- |
| Insurance Company Name(1) | Policy Holder | Policy No. |
| Insurance Company Name(2) | Policy Holder | Policy No. |
| Insurance Company Name(3) | Policy Holder | Policy No. |
| Type of Insurance Basic Medical Mental Health Basic Dental  Hospitalization Orthodontic |

**Other Resources Applicable to Child:**

**SECTION 9--Education**

**Attach:**

1. Current IEP (Individualized Education Plan)
2. Most Recent FST report (if any)
3. Transcript
4. Adaptive Behavior Level Information (if any)

|  |  |
| --- | --- |
| Name of Most Recent School Attended: | School District: |
| Address: |

**Describe any educational problems, needs, or behaviors not otherwise documented. Add any additional information you feel is important.**

**SECTION 10--Physical Health/Disabilities Attach**:

 **A.** Medical Records

1. Physical Examination
2. Immunization Records

 **B.** Dental Records

**Describe any physical health problems or disability not otherwise documented. Add any additional information you feel is important.**

**SECTION 11--Mental Health** (as appropriate):

**A.** Psychological Report(s)

**B.** Psychiatric Report(s)

**Describe any mental health problems not otherwise documented. Add any additional information you feel is important.**

**SECTION 12--Other Attachments Attach**:

1. Birth Certificate or Other Birth Verification
2. Legal Records (if any)
3. Any needed Release of Information
4. Authorization Forms

ATTACHMENT CHECKLIST Page of

|  |  |
| --- | --- |
| Child’s Name | Date Completed |
| **DOCUMENT** | **ATTACHED** | **FORTH COMING** | **NOT RELEVANT** | **NOT AVAILABLE BECAUSE** |
| **Birth Verification**Birth Certificate...................... |  |  |  |  |
| **Legal Records** |  |  |  |  |
| Commitment Order ................Other Court Orders ................Police Records ......................Divorce Decree......................Custody Order ....................... |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Education** |  |  |  |  |
| Individual Education Plan (IEP)Admission, Review, Dismissal(ARD) Report.........................Transcript ..............................Adaptive Behavior Level ........ |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Physical Health/Disabilities** |  |  |  |  |
| Physical Examination.............Immunization Record............. Dental Record........................ |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Mental Health** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Psychological Report(s) .........Psychiatric Report(s).............. |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Other** |  |  |  |  |
| Medicaid Approval/ApplicationMedicaid Card .......................Social Security Card .............. |  |  |  |  |
|  |  |  |  |
|  |  |  |  |