

## Informed Consent for Family Assessment

We will be asking you questions to determine if you are eligible for a variety of financial assistance programs. We also would like to ask you questions that will help us get to know you and find out if there are other resources or services that might help you and your family. If there is an opportunity to strengthen family relationships, we would like to help. We believe that families have the best chance for success if the whole family is strong and safe.

The questions we might ask will help us understand your family's needs. If we ask you a question that you do not want to answer, you may ask us if it is a required question. If it is not, we will tell you so and not answering it will not affect your eligibility for financial assistance.

We would also like to ask you to be part of a research study. The study is to see if additional contacts with a worker will help families like yours. All families will have access to the same services. If you want to participate in the study, you may have more contact with a worker.

You may decide at any time that you do not want to participate in services that are not related to your eligibility for financial assistance programs, or that you do not want to participate in the study.

Information about your family will remain confidential. We will ask your permission and ask you to sign a release of information before talking with any other agency or community group on your behalf.

There are times when information must be shared even without your written consent. By law, if there is a reasonable suspicion that a child, elderly person, or dependent adult is being abused, we are mandated to report it.

**I want to participate in the study and receive a family assessment to determine if my family can benefit from additional services. I can decide at any time that I do not want to proceed. This will not affect my eligibility for financial assistance.**

- I agree to participate.
- At this time, I decline to participate.

---

Participant Signature

---

Date

---

Worker Signature

---

Date

**SDM® PREVENTION SERVICES FOR TANF FAMILIES  
FAMILY PREVENTION SERVICES SCREENING ASSESSMENT**

r. 03-07

Case Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Screening Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Number: \_\_\_\_\_ TANF Application Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Caregiver: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Primary Caregiver DOB (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Office: \_\_\_\_\_

- Assessment Type:  TANF applicant with no current child protective services activity (complete all screening items).  
 No SDM assessment because there is current child protective services activity.  
 No SDM assessment because the family declines to answer non-eligibility related questions.

NEGLECT	Score
N1. Prior Child Protective Services Investigations (assign the highest score that applies)	
a. None.....	-1
b. One or more, ABUSE only.....	1
c. One or two for NEGLECT.....	2
d. Three or more for NEGLECT.....	3
N2. Household Has Previously Received Ongoing Child Protective Services (voluntary or court-ordered)	
a. No.....	0
b. Yes.....	3
N3. Number of Children in the Home (Number: ____)	
a. One, two, or three.....	0
b. Four or more.....	2
N4. Age of Youngest Child in the Home (Age of child: ____ years)	
a. Two or older.....	0
b. Under two.....	1
N5. Primary Caregiver Provides Physical Care Inconsistent with Child Needs	
a. No.....	0
b. Yes.....	1
N6. Primary Caregiver Has a History of Abuse or Neglect as a Child	
a. No.....	0
b. Yes.....	2
N7. Primary Caregiver Characteristics (mark all that apply and add for score)	
a. Not applicable.....	0
b. Mental health problem.....	1
___ Past ___ Current	
c. Drug or alcohol problem.....	2
___ Past ___ Current	
N8. Primary Caregiver Has a Criminal Arrest History	
a. No.....	0
b. Yes.....	1
Convicted? ___ Yes ___ No	
N9. Characteristics of Children in Household	
a. Not applicable.....	0
b. One or more present (mark all that apply).....	1
___ Developmental or physical disability	
___ Medically fragile/failure to thrive	
___ Pre-natal drug/alcohol exposure	
N10. Current Housing Is Physically Unsafe, or Family Homeless	
a. No.....	0
b. Either or both are present (mark all that apply).....	2
___ Physically unsafe	
___ Family homeless	
<b>TOTAL NEGLECT RISK SCORE</b>	_____

ABUSE	Score
A1. Number of Prior Child Protective Services Abuse Investigations (physical, emotional, or sexual abuse/sexual exploitation)	
a. None.....	0
b. One.....	1
c. Two or more (Number: ____ ).....	2
A2. Household Has Previously Received Ongoing Child Protective Services (voluntary or court-ordered)	
a. No.....	0
b. Yes.....	2
A3. Prior Substantiated Physical Abuse	
a. No.....	0
b. Yes.....	2
A4. Two or More Incidents of Domestic Violence in the Household in the Past Year	
a. No.....	0
b. Yes.....	1
A5. Primary Caregiver Characteristics	
a. Not applicable.....	0
b. One or more present (mark all that apply).....	1
___ Provides insufficient emotional/psychological support	
___ Employs excessive/inappropriate discipline	
___ Domineering caregiver	
A6. Primary Caregiver Has a History of Abuse or Neglect as a Child	
a. No.....	0
b. Yes.....	1
A7. Either Caregiver Has Past or Current Alcohol/Drug Problem (score 1 if any present)	
a. No.....	0
b. Yes, alcohol and/or drug (mark all that apply).....	1
___ Primary current problem	
___ Primary past problem	
___ Secondary current problem	
___ Secondary past problem	
A8. Primary Caregiver Has a Criminal Arrest History	
a. No.....	0
b. Yes.....	1
A9. Characteristics of Children in Household	
a. Not applicable.....	0
b. One or more present (mark all that apply).....	1
___ Delinquency history	
___ Developmental disability	
___ Mental health/behavioral problem	
<b>TOTAL ABUSE RISK SCORE</b>	_____

**SCORED RISK LEVEL.** Assign the family's scored risk as the higher of the neglect or abuse levels based on column scores:

Neglect Score	Abuse Score	Scored Risk Level
_____ -1 - 0	_____ 0 - 1	_____ Low
_____ 1 - 3	_____ 2 - 4	_____ Moderate
_____ 4 - 8	_____ 5 - 8	_____ High
_____ 9 +	_____ 9 +	_____ Very High

**CASE TYPE** (mark if applicable):  Welfare to Work  
 Exempt/Child Only  
 Other: \_\_\_\_\_

**PREVENTION SERVICES INDICATOR** (mark one):  
 Prevention services not offered  
 Prevention services offered - family declined participation  
 Prevention services offered - family has accepted participation

Worker: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_