|  |  |  |  |
| --- | --- | --- | --- |
|  | **Teen Parent Living Assessment** | SOCIAL WORKER NAMECOMMUNITY SERVICES OFFICE (CSO) | DATE OF HOME VISITTELEPHONE NUMBER (AREA CODE) |
| **Section 1. Client Information** |
| TEEN’S NAME (INCLUDE OTHER NAMES USED) | BIRTH DATE | AGE | CLIENT IDENTIFICATION NUMBER |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | MESSAGE TELEPHONE NUMBER (INCLUDE AREA CODE) |
| TEEN’S DOCTOR NAME | DOCTOR’S NAME FOR CHILD(REN) |
| HEALTHY OPTIONS PLAN | NUMBER OF CHILDREN |
| TEEN PARENT’S CHILDREN |
| NAME | BIRTH DATE | ADDRESS |
|  |  |  |
|  |  |  |
|  |  |  |
| MARITAL STATUS[ ]  Emancipated [ ]  Single [ ]  Married [ ]  Living with father of baby |
| FATHER OF BABY (NAME) (IF MORE THAN ONE FATHER OF CHILDREN, PLEASE ATTACH ADDITIONAL INFORMATION TO THIS FORM) | BIRTH DATE |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| EMPLOYMENT HISTORY | SUBSTANCE ABUSE HISTORY | CRIMINAL HISTORY |
| Why is teen not living with parents? |
| Teen’s current housing situation: [ ]  Apartment or house [ ]  Trailer [ ]  Shelter [ ]  Other:  How long:  Rent: $  Size:   (I.E., ONE BEDROOM, TWO BEDROOMS)Does teen have own room? [ ]  Yes [ ]  NoDoes teen intend to stay there? [ ]  Yes [ ]  NoAre there other living arrangements available? [ ]  Yes [ ]  NoIs teen living under adult supervision? [ ]  Yes [ ]  NoIf yes, does the adult display parental authority (i.e., curfew, chores)? [ ]  Yes [ ]  No Explain your answer. |
| ALL PEOPLE LIVING IN HOUSEHOLD (EXCLUDING TEEN) |
| NAME | BIRTH DATE | AGE | RELATIONSHIP |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Section 2. Client Parental** |
| PARENT ONE | PARENT TWO |
| PARENT’S NAME | PARENT’S NAME |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| STREET ADDRESS | STREET ADDRESS |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| STEPPARENT’S NAME | STEPPARENT’S NAME |
| LEGAL ISSUES | LEGAL ISSUES |
| CPS INFORMATION | CPS INFORMATION |
| Is the parent willing to have the teen reside in the home?[ ]  Yes [ ]  No | Is the parent willing to have the teen reside in the home?[ ]  Yes [ ]  No |
| Explain parent’s criteria for having the teen in the home: | Explain parent’s criteria for having the teen in the home: |
| **Section 3. Teen’s Economic Status** |
| SOURCES OF MONTHLY INCOMEIs teen receiving a grant? [ ]  Yes [ ]  NoIf yes, how much:  Is teen currently working? [ ]  Yes [ ]  NoWhere:  Wage or salary:  | YES NO N/A [ ]  [ ]  [ ]  Is the teen cooperating with the Division of Child Support? [ ]  [ ]  [ ]  Are teen’s parents willing to contribute to the support of teen? If yes, how much per month:   [ ]  [ ]  [ ]  Is the father of the baby willing to support the teen and/or the baby? |
| **Section 4. Teen’s Educational Information** |
| Is the teen currently in high school or a GED program? [ ]  Yes [ ]  No If yes, where:   If no, what was the last school attended:  Last grade completed?  |
| Is or has the teen been enrolled in Special Ed classes? [ ]  Yes [ ]  NoIf yes, explain:  |
| Does the teen work with a school counselor?[ ]  Yes [ ]  No | IF YES, COUNSELOR’S NAME AND TELEPHONE NUMBER (INCLUDE AREA CODE) |
| What are the teen’s future goals? |
| **Section 5. Family Planning, Medical, Psychosocial Issues** |
| Is the teen currently pregnant? [ ]  Yes [ ]  No | Is the teen receiving support from other sources (i.e., WIC, Public Health Nurse)? [ ]  Yes [ ]  No If yes, explain: |
| Is the teen using birth control? [ ]  Yes [ ]  NoIf yes, what type:  If no, what are future plans regarding birth control: |
| Is the teen receiving support from family and/or friends?[ ]  Yes [ ]  No If yes, explain: |
| **Section 6. Teen’s Legal Issues** |
| CURRENT ISSUES | PAST ISSUES |
| OUTSTANDING FINES |
| OUTSTANDING WARRANTS |
| IF APPLICABLE, PROBATION OFFICER’S NAME | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| CITIZENSHIP STATUS[ ]  U.S. citizen [ ]  Documented alien [ ]  Undocumented alien [ ]  Refugee |
| **Section 7. Client History** |
|  YES NO REFERRALS / NOTES [ ]  [ ]  Medical issues:   [ ]  [ ]  Emotional issues:   [ ]  [ ]  Physical abuse:   [ ]  [ ]  Sexual abuse:   [ ]  [ ]  Neglect:   [ ]  [ ]  Domestic violence:   [ ]  [ ]  Is teen currently in fear of anyone? Comments:   [ ]  [ ]  Depression:   [ ]  [ ]  Suicidal thoughts or actions:   [ ]  [ ]  Anger problems:   [ ]  [ ]  Hospitalizations:   |
| **Section 8. Child Protective Services (CPS) Involvement** |
| PAST OR PRESENT WITH FAMILY OF ORIGIN | PAST OR PRESENT WITH TEEN AND HER CHILD |
| NAME OF CPS CASE WORKER | NAME OF CPS CASE WORKER |
| **Section 9. Parenting Classes** | **Section 10. Counseling / Therapy** |
| Has teen had parenting classes? [ ]  Yes [ ]  No If yes, where:  | Has teen been in or currently receiving counseling? [ ]  Yes [ ]  No; if yes, where: |
| Is teen interested in either of the above? [ ]  Yes [ ]  No If yes, referral to:  |
| **Section 11. Substances** |
| SUBSTANCE | USED PRESENTLY | USED IN THE PAST | COMMENTS |
| YES | NO | AMOUNT | YES | NO | LAST USE DATE |
| Cigarettes | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Prescriptions | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Over the counter drugs | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Alcohol | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Marijuana | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Cocaine | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Crack | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Amphetamines | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Heroin | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Other:  | [ ]  | [ ]  |  | [ ]  | [ ]  |  |  |
| Is there a family history of substance abuse? [ ]  Yes [ ]  No If yes, answer the following: |
| WHO? | WHAT SUBSTANCE? | WHEN? | WHO? | WHAT SUBSTANCE? | WHEN? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| COMMENTS |
| **Section 12. Protective Payee Information** |
| **Explain to the teen what a Protective Payee (PP) is and why a PP is assigned.** |
| PROTECTIVE PAYEE’S NAME | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| **Section 13. Referral form for Financial Case Manager** |
| DATE:  TO:  FROM:  **RE: Teen Parent Living Assessment**  |
| NAME OF TEEN | CLIENT IDENTIFICATION NUMBER |
| Living situation: | NAME OF ASSIGNED PROTECTIVE PAYEE |
| [ ]  Approved[ ]  Denied | ADDRESS AND TELEPHONE NUMBER OF ASSIGNED PROTECTIVE PAYEE |
| If client is not living in an adult supervised setting but living situation is approved, please explain: |
| COMMENTS AND FOLLOW-UP |
| SOCIAL WORKER’S SIGNATURE DATE | PRINTED NAME |
| SOCIAL SERVICE SUPERVISOR’S SIGNATURE DATE | PRINTED NAME |
| **The below CSO Administrator’s Signature is only needed if the office does not have a Social Services Supervisor to approve the alternative living situation.** |
| CSO ADMINISTRATOR’S SIGNATURE DATE | PRINTED NAME |