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|  | **Teen Parent Living Assessment** | | | | | | | | | | SOCIAL WORKER NAME    COMMUNITY SERVICES OFFICE (CSO) | | | | | | | | | | | | | | DATE OF HOME VISIT    TELEPHONE 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 | | | | | | | | | | | | | | | | | | |
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| 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  No  Does teen intend to stay there?  Yes  No  Are there other living arrangements available?  Yes  No  Is teen living under adult supervision?  Yes  No  If 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 | | | | |
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| **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 INCOME  Is teen receiving a grant?  Yes  No  If yes, how much:  Is teen currently working?  Yes  No  Where:  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  No  If 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  No  If 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? |
|  | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  |
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| 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 | | | | | | | | | | | | | |