Commonwealth of Massachusetts Department of Children and Families Homeless Health and Safety Assessment

Family Name				
Family Name:				
Assessment Unit Social Worker:				
Monthly income	Monthly Expenses			
Employment	Day care			
SSI	Food			
TANF	Transportation			
Other	Storage			
	Other			
Total	Total			
	Current Housing Situation			
Relationship between primary ter	nant and family:			
How long has the family been res	iding in this home?			
Precipitating factors that resulted in the family residing in a doubled up situation:				
Does anyone in the family have a medical condition?				
Is the current living situation able to meet the needs of the person with such a medical				
condition?				
Please identify specifically what th	ne medically involved family member needs in his/her home.			
1.				
2.				
3.				
Exposure to Violence				
Is there a history of domestic violence with any of the individuals currently residing in the				
home?				

Have the police been called to the home due to	domestic violen	ce? If so, wh	en?	
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to the manager of facult of anyone he are the in it.	in a mith ?			
Is the consumer fearful of anyone he or she is liv	ing with:			
Is the consumer in fear of anyone not living in the home? If so, who, and when was the last contact?				
Menta	Health			
Does anyone in the family/home have a history	of mental health	issues?		
If yes, what is the preferred form of treatment?				
	87	r=	1	
Is there a history of injuries, accidents?	⊠ Yes	L	J No	
If yes, please specify:				
AND ALCOHOLOGICAL TRANSPORT				
Is there any history of maltreatment or abuse?	Yes	ΙŻ] No	
If yes, please specify:	103	<u> </u>	1110	
ir yes, pieuse speeny.				
Is there a recent stress on the family or child suc	ch as:			
Birth of a child	Yes] No	
Divorce or separation?	Yes		No	
Death of a close relative	Yes] No	
Legal problems	Yes		No	
Others (Please Specify)				
Substance Abuse				
Does the client have a substance abuse problem	history if so ple	ease describe	17	

what is the preferred form	What is the preferred form of substance abuse treatment?		
MANAGEMENT OF THE STATE OF THE			
	Physical Space Assessment		
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How many family membe	rs are currently living together?		
i la	ho		
How many bedrooms in t	ie unitr		
What are the current slee	ping arrangements for each family member in the unit?		
windt are the current siee	ping arrangements for each ranning member in the unit:		
Management of the second of th	Education		
Is the surrent living situat	ion interfering with the ability to get to and perform at school?		
is the current living situat	on interfering with the ability to get to and perform at schools		
What is the distance to ar	nd from school for the child?		
What are the means of tra	ansportation to school?		
	Assessment Contacts		
Nt			
Name			
Phone			
Agency Comments			
Comments	<u> </u>		
Name			
Phone			
Agency			
Comments			
Name			
Phone	, in the second		
Agency			
Comments			
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Referrals Made			
Name/Agency			
Phone			
Service Requested			
Referral Status			
Name/Agency			
Phone			
Service Requested			
Referral Status			
Name/Agency			
Phone			
Service Requested			
Referral Status			
	Assessment Disposition		
! 	sults indicate an immediate threat to health and safety to the children		
and a shelter placement is, therefore, required.			
l — I	sults indicate some risk but with supports and other resources, a		
	nt can be averted.		
3. Assessment results determine that there is no immediate health and safety risk at			
the present time	that warrants immediate placement of the household into shelter		
Date and time of DHCD no	otification of assessment		
Follow up plan for Disposition Number Two:			