Osage Nation
Social Services
Child and Family Assessment

To the Parent/Guardian

The following is a brief questionnaire about the various aspects of your family's life. The information that you provide will help Social Services learn more about your situation and determine which services would be beneficial for you and your family. To determine the most appropriate services and resources, you may be asked (or required) to complete additional questionnaires and/or assessments about specific aspects of your family's life. Your Social Services worker will discuss this with you.

The information that you provide will assist your Social Services worker in developing your Family Service Plan and, if necessary, your child's Individual Service Plan. Please answer the questions truthfully and to the best of your ability. Your answers will be kept private and will not be shared with anyone without your permission. Please fill all questions out completely and do not leave any blanks. If the question does not apply to you, just write N/A. If you do not understand a question or need help, please ask your Social Services worker for assistance.

Identifying Information (Please Print)

Name: ____ DOB: ____ ☐ M ☐ F

Address: ____ SS #: ____

City/State/Zip: ____ Roll #: ____

Phone #: Home: ____ Work: ____ Cell: ____

Referral Information

Explain why you are in need of services from Social Services:

____

If you have been referred by a child welfare agency, please complete the following:

Child Welfare Agency: ____

Name of Caseworker: ____ Phone #: ____

Has the child welfare agency removed your child(ren) from your home? ☐ Yes ☐ No

If yes, when is your next court date? ____ Do you have an attorney? ☐ Yes ☐ No

Intake Information

Which of the following services do you feel would benefit you and your family? (Check all that apply)

Resource/referral information on the following:

- ☐ Housing
- ☐ GED
- ☐ Employment & Training Services
- ☐ Commodities
- ☐ TANF/Food Stamps
- ☐ Mental Health Services (counseling/therapy)
- ☐ WIC Program
- ☐ Legal Services
- ☐ Substance Abuse Treatment Services
- ☐ Head Start
- ☐ Child Support Services
- ☐ Social Security Benefits
- ☐ Childcare
- ☐ Constituent Services
- ☐ Clothing/Financial Resources
- ☐ Continuing Education (vocational, technical, college/university)
- ☐ Other:

Education/information on the following:

- ☐ Parenting Skills
- ☐ Employment (filling out job applications; interviewing skills)
- ☐ Health/Safety/Nutrition
- ☐ Financial Management (budgeting, managing bank account)
- ☐ Child Growth/Development
- ☐ Conflict Management (learning skills to handle conflicts)
- ☐ Substance Use (Alcohol/ Drugs) Prevention
- ☐ Delinquent Behavior (truancy, curfew violation) Prevention

Case Management Services (Provided by Family Preservation Specialist)

- ☐ Counseling (Emotional support and encouragement through one-on-one and/or family sessions)
- ☐ Client Advocacy (Assistance with accessing community resources and services/on-site support)
- ☐ Transportation to Community Resources/Services
- ☐ Other Services:

Family Information

Name of Spouse/ Significant Other: DOB:

Address: City/State/Zip:

Phone #: Home: Work: Cell:

Family Information (Continued)

How many children do you have? [ ] List by name, DOB, and address below:

Child's Name	DOB	Address

Does any else currently live in your home? ☐ Yes ☐ No If yes, complete the following:

Name	Age	Relationship

Housing Information

1. How long have you lived at your current residence?

☐ Less than 1 year ☐ 1-2 years ☐ 2-4 years ☐ More than 4 years

If less than two (2) years, why did you move from your previous residence?

2. Are you satisfied with your current living situation? ☐ Yes ☐ No

Please explain your answer:

Housing Information (Continued)

3. How would you describe the condition of your home? (Check all that apply)

☐ Clean and neat ☐ Adequate space/privacy ☐ All Utilities On/Working

☐ Some Clutter ☐ Adequate furniture ☐ 1 or 2 Utilities Off/Not Working

☐ Minor repairs needed ☐ Major repairs needed

4. How would you describe your neighborhood? (Check all that apply)

☐ Safe and secure (parents allow children to play outside without fear; "neighborhood watch")

☐ Minor disturbances in neighborhood (police called once or twice in past 3-6 months)

☐ Many disturbances in neighborhood (police called often due to domestic disputes, drug issues)

☐ Clean, safe areas for children to play (parks, playgrounds)

☐ Dangerous areas (abandoned/condemned buildings; speeding vehicles/high traffic)

5. How would you describe your ability to pay rent/mortgage during the past twelve (12) months?

☐ Able to pay on time every month ☐ Unable to pay at all for 1 or 2 months

☐ Able to pay on time at least 8 months ☐ Unable to pay at all for more than 3 months

☐ Able to pay on time at least 4 months ☐ Received eviction notice recently

☐ Able to pay on time for 1-3 months ☐ Evicted from home due to nonpayment

Financial Information

1. Are you presently employed? ☐ Yes ☐ No If no, skip to question 6.

2. If yes, where are you employed? [ ]

3. How long have you been employed at this job? [ ]

4. How many hours per week do you work? ☐ Less than 20 ☐ 20-30 ☐ 30-40 ☐ More than 40

5. How much do you earn from this employment each month? [ ]

If you are unemployed, please answer questions 6-9:

6. List last place and date(s) of employment: [ ]

7. Are you actively searching for a job? ☐ Yes ☐ No

Financial Information (Continued)

8. Are you participating in a job training program? ☐ Yes ☐ No

9. If yes, list job training program:

10. List other **monthly** income for your household, including income received by anyone living in your household and income from Child Support, Alimony, Food Stamps, and Social Security benefits:

Source	Amount	Source	Amount
Subtotal A		**Subtotal B**	

Other Monthly Income **TOTAL** ______ = Subtotal A ______ + Subtotal B ______

11. List TOTAL monthly income by adding your income (Question 5) and other income (Question 10):

Income Question 5 ______ + Income Question 10 ______ = **TOTAL INCOME** ______

12. How much do you spend each **month** on the following: (ESTIMATE IF YOU ARE UNSURE)

Rent/Mortgage		Cable/Satellite		Medical/Dental Bills	
Utilities		Internet Service		Prescriptions	
Phone Bills		Entertainment		Health/Life Insurance	
Groceries		Dining Out		Car Payment	
Hygiene Supplies		Clothing		Car Insurance	
Household Items		Credit/Store Cards		Car Maintenance	
Household Repairs		Personal Loans		Gas for Vehicle	
Child Care		Other Loans		Other Expenses	
Subtotal A		**Subtotal B**		**Subtotal C**	

13. List TOTAL monthly expenses by adding Subtotals A, B, and C above (Question 12):

Subtotal A ______ + Subtotal B ______ + Subtotal C ______ = **TOTAL EXPENSES** ______

Financial Information (Continued)

14. Calculate your available monthly income, if any, after expenses by subtracting total expenses (Question 13) from total income (Question 11):

Total Income Question 11		Total Expenses Question 13		TOTAL INCOME AFTER EXPENSES
	+		=	

15. How would you describe your ability to pay your bills each month during the past twelve (12) months?

☐ Pay all bills on time ☐ Pay few or no bills on time ☐ Unable to pay most bills

☐ Pay most bills on time ☐ Unable to pay a few bills ☐ Sometimes borrow money to pay bills

☐ Pay some bills on time ☐ Unable to pay some bills

16. If you are having difficulty paying bills, please describe the reason(s) why? (Check all that apply)

☐ Laid off/terminated from job

☐ Unable to work due to health

☐ Unable to work due to child's health

☐ Unable to work due to legal problems

☐ Recently separated or divorced

☐ Poor budgeting/buy unnecessary items

☐ Spouse/significant other laid off/terminated from job

☐ Spouse/significant other unable to work due to health

☐ Unable to work due to other family member's health

☐ Spouse unable to work due to legal problems

☐ Unable to work due to transportation problems

☐ Unable to work due to lack of jobs in area/community

☐ Other

17. Have you received assistance from other social services agencies in the past sixty (60) days?

☐ Yes ☐ No

18. If yes, please complete the following?

Agency	Date Assistance Received	Type of Assistance Received

Parenting

1. What are the chores your child is responsible for in your home? (List chores for each child if needed)

2. What are the rules you have for your child?

3. How does your child feel about these rules?

4. What happens if your child breaks these rules?

5. Who is responsible for discipline in your household?

6. What other forms of discipline do you use?

7. How would you describe your relationship with your child(ren)? (Check all that apply)

☐ Affectionate, caring ☐ Few or no problems ☐ Able to talk to about issues

☐ No relationship at all ☐ Minor disagreements/arguments ☐ Unable to talk to, argue often

8. How would you describe the relationship between your child(ren) and your spouse/significant other?

☐ Affectionate, caring ☐ Few or no problems ☐ Able to talk to about issues

☐ No relationship at all ☐ Minor disagreements/arguments ☐ Unable to talk to, argue often

Self Evaluation

1. How would you identify yourself? (Check one)

☐ American Indian/Alaska Native ☐ White/Caucasian ☐ Asian

☐ Black/African American ☐ Hispanic ☐ Other

2. Please write three (3) words you would use to describe yourself:

3. Please check any of the following that apply:

☐ I am generally happy
☐ I like being a leader
☐ I consider my child(ren)'s ideas when making family decisions

☐ I feel content often
☐ I like learning about new things
☐ I am often nervous

☐ I am flexible
☐ I like it when my life is exciting
☐ I feel angry often

☐ I enjoy change
☐ I make good decisions often
☐ I feel threatened by others

☐ I like to help others
☐ I think my child(ren) look up to me
☐ I think life is unfair most of the time

Additional Information

1. Do you have reliable transportation? ☐ Yes ☐ No

2. What is your family's primary means of transportation? (Check one)

☐ Own vehicle ☐ Spouse/Significant other's vehicle ☐ Public Transportation (bus, taxi)

☐ Walk ☐ Relative/Friend/Neighbor's vehicle ☐ Other

3. How would you rate your overall health? (Check one)

☐ Excellent ☐ Above average ☐ Average ☐ Poor ☐ Very Poor

4. Please explain why you rated your health as you did?

5. Are you concerned about your physical or mental health? ☐ Yes ☐ No

6. If yes, explain:

Additional Information (continued)

7. How would you rate the overall health of your child(ren)? (Use ratings from Question 3)

Name of Child	Health	Name of Child	Health

8. Are you concerned about the health (physical or mental) of any of your children? ☐ Yes ☐ No

9. If yes, please explain:

10. Do any of your children have difficulties in school, such as failing grades, truancy, or fighting with other students? ☐ Yes ☐ No

11. If yes, please explain:

12. Do you think that any of your children may be using drugs or alcohol? ☐ Yes ☐ No

13. If yes, please explain:

14. Have any of your children had contact with law enforcement or juvenile services? ☐ Yes ☐ No

15. If yes, please explain:

Additional Information (continued)

16. What strengths do you feel that you and your family have? (Strengths can be any of the following: personality characters/traits; extended family, friends, community, or church support; skills/knowledge/ education)

17. Please check any of the following that apply:

- ☐ I feel that my child(ren) would benefit if I received information on drug and alcohol prevention.
- ☐ I feel that my child(ren) would benefit if I received information on anger management.
- ☐ I feel that my child(ren) would benefit if I received information on healthy teen relations.
- ☐ I feel that my child(ren) would benefit if I received information on healthy communication skills.
- ☐ I feel that my child(ren) would benefit by having an older youth/adult mentor.
- ☐ I feel that my child(ren) would benefit by being involved in leadership activities.
- ☐ I feel that my child(ren) would benefit by receiving information on college/career choices.
- ☐ I feel that my child(ren) would benefit by receiving life skills instruction (self care, study skills, daily living, home life)

Community/Cultural Activities

1. Do you and/or your family attend meetings in your community? ☐ Yes ☐ No

2. If yes, what type of meetings?

3. Do you and/or your family participate in cultural events/activities? ☐ Yes ☐ No

4. If yes, what type of events/activities?

5. Do you speak or understand the Osage language? ☐ Yes ☐ No