



Teen Parent Living Assessment

SOCIAL WORKER NAME	DATE OF HOME VISIT
COMMUNITY SERVICES OFFICE (CSO)	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	
MARITAL STATUS <input type="checkbox"/> Emancipated <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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: <input type="checkbox"/> Apartment or house <input type="checkbox"/> Trailer <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____ How long: _____ Rent: \$ _____ Size: _____ (I.E., ONE BEDROOM, TWO BEDROOMS)			
Does teen have own room? <input type="checkbox"/> Yes <input type="checkbox"/> No Does teen intend to stay there? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there other living arrangements available? <input type="checkbox"/> Yes <input type="checkbox"/> No Is teen living under adult supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the adult display parental authority (i.e., curfew, chores)? <input type="checkbox"/> Yes <input type="checkbox"/> 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
<u>LEGAL ISSUES</u>	<u>LEGAL ISSUES</u>
<u>CPS INFORMATION</u>	<u>CPS INFORMATION</u>
Is the parent willing to have the teen reside in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the parent willing to have the teen reside in the home? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much: _____ Is teen currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____ Wage or salary: _____	YES NO N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the teen cooperating with the Division of Child Support? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are teen's parents willing to contribute to the support of teen? If yes, how much per month: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Does the teen work with a school counselor? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the teen using birth control? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: _____ If no, what are future plans regarding birth control:	Is the teen receiving support from other sources (i.e., WIC, Public Health Nurse)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Is the teen receiving support from family and/or friends? <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical issues: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional issues: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical abuse: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Neglect: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Domestic violence: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is teen currently in fear of anyone? Comments: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicidal thoughts or actions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Anger problems: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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

Has teen had parenting classes? Yes No
 If yes, where:

Section 10. Counseling / Therapy

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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Over the counter drugs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Crack	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

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)
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Section 13. Referral form for Financial Case Manager

DATE: _____

TO: _____

FROM: _____

RE: Teen Parent Living Assessment

NAME OF TEEN	CLIENT IDENTIFICATION NUMBER
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Living situation:	NAME OF ASSIGNED PROTECTIVE PAYEE
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	ADDRESS AND TELEPHONE NUMBER OF ASSIGNED PROTECTIVE PAYEE
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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
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SOCIAL SERVICE SUPERVISOR'S SIGNATURE	DATE	PRINTED NAME
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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
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