

Instructions for the
Teen Living Assessment, DSHS 14-427

A. USE

The Teen Living Assessment, DSHS 14-427, is used by teen parent social workers or case managers conducting home visits with minor parents. These teen parents may be applying or receiving a Temporary Assistance for Needy Families (TANF) grant. The assessment form gather pertinent information on the teen parent. This information is used by the Social Worker or case manager to make a determination as to the appropriateness of the teen's living arrangement.

B. FORM COMPLETION

1. Section 1: Client Information

- a) Teen's name;
- b) Birth date and age;
- c) Client identification number;
- d) Street address, city, state and zip code;
- e) Telephone number and message telephone number;
- f) Teen's family doctor or gynecologist's name;
- g) Name of doctor used for child(ren);
- h) Name of Healthy Options Plan the teen and her child(ren) are on;
- i) Number of children teen has;
- j) Names, birth dates and address (if different than the teen's address);
- k) Marital status of teen parent;
- l) Name and birthdate of the father of the teen parent's youngest child. If teen has more than one child with more than one father, please attach that father's information to this form;
- m) Address of the father of the teen's youngest child;
- n) Employment history, substance abuse history and criminal history of the father of the teen parent's youngest child;
- o) Include a brief narrative as to why the teen parent is not living with her own parents;
- p) Answer the questions pertaining to the teen parent's current living arrangement, including all people living in the household (excluding the teen).

2. Section 2: Client's Parental Information

- a) Parent One's name (may be the mother or the father, but must be consistent throughout form);
- b) Telephone number of Parent One;
- c) Street address of Parent One;
- d) City, state and zip code of Parent One;
- e) Name of teen's stepparent (if applicable);
- f) Document any legal issues or Child Protective Services (CPS) information regarding Parent One or the stepparent, if applicable;
- g) Answer yes or no to the teen parents' willingness to have the teen back at home and write a brief narrative explaining what the parent would want or need from the teen if the teen moved back;
- h) Follow the same instructions as above in completing Parent Two information.

3. Section 3: Teen's Economic Status

- a) Answer yes or no to the question on the source of the teen's monthly income;
- b) Answer yes, no or not applicable (N/A) to questions on the teen parent's status with the Division of Child Support.

4. Section 4: Teen's Educational Information

- a) Answer yes or no to the teen's school status and give a brief explanation;
- b) Answer yes or no to the teen's involvement with Special Education classes and give a brief explanation if applicable;
- c) Answer yes or no to the teen's work with a school counselor. Include name and telephone number if applicable;
- d) Write a brief description of the teen parent's future educational or career goals.

5. Section 5: Family Planning, Medical, Psychosocial Issues

- a) Answer yes or no to the question of a current pregnancy;
- b) Answer yes or no to the question of birth control use and give a brief explanation as to the type of birth control or future plans regarding birth control use;
- c) Document any support services from other sources;
- d) Document any support (emotional support or resource support) the teen is receiving from family and/or friends.

6. Section 6: Teen's Legal Issues

- a) List any current legal issues and any past legal issues pertaining to the teen parent;
- b) List any outstanding fines the teen parent may have;
- c) Document any outstanding warrants the teen parent may have;
- d) List name and telephone number of probation officer if applicable;
- e) Check the box which describes the teen parent's citizenship status.

7. Section 7: Client History

- a) Check yes or no to any of the issues in this section. If any are applicable, please include a short narrative describing the details on the issue.

8. Section 8: Child Protective Services Involvement

- a) If applicable, document any involvement the teen parent and her family of origin have had with Child Protective Services (CPS);
- b) If applicable, document any involvement the teen parent and her child have with Child Protective Services (CPS).

9. Section 9: Parenting Classes

Check the appropriate box regarding the teen's attendance in parenting classes. If the answer is yes, please list where the class was held.

* If the teen is interested in obtaining this service, please document where referral was made in the box below the question.

10. Section 10: Counseling/Therapy

Document any counseling or therapy the teen has received or is currently receiving.*

* If the teen is interested in obtaining this service, please document where referral was made in the box below the question.

11. Section 12: Substances

- a) Document any use of cigarettes past or present, including amount and last date used;
- b) Document if there has been a history of substance abuse in the teen's family history. If the answer is yes, please list who the family member is, what substance it was, when it occurred and any additional comments.

12. Section 11: Protective Payee Information

Document the name and telephone number of the Protective Payee assigned.

13. Section 13: Referral Form for Financial Case Manager

- a) Enter date of the referral;
- b) Name of financial case manager;
- c) Name of social worker making the referral;
- d) Name of teen and teen's client identification number;
- e) Check the appropriate box for the living situation approval;
- f) Enter name of assigned Protective Payee;
- g) Enter address and telephone number of Protective Payee;
- h) Give written explanation if teen is not in adult supervised living arrangement, but the arrangement has been approved;
- i) Enter any additional comments or follow up information;
- j) Enter social worker's signature and date;
- k) Enter Social Service Supervisor's signature and date:
 - If the alternative living situation has been approved by a Social Service Supervisor, no need for CSOA signature.
 - If the local office does not have a Social Service Supervisor, refer to CSOA for approval and signature;
- l) Enter CSO Administrator's signature and date if alternative living situation has been approved.