**Needs Assessment (Optional)**

**Date of Assessment(s) \_\_\_\_\_\_\_\_\_\_\_\_ Interface/Family Action**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CDS Family & Behavioral Health Services**

**Participants Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Guardian Information Full Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pa**rticipant/Family Members Present for Interview:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Participant Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Participant/Family Assessment:** (What does the participant/family want to change or gain from services?)

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**List all family members and others living in the home:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Location/involvement of Family/Non-Family members who do not live in the home:** (Is there another

parent/guardian who should be aware/involved in our service delivery? If, yes describe plans for notification.)

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**Family History:** (milestones, deaths, divorce, remarriage, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family Dynamics:** family relationships, parent-child relationships, siblings, extended/blended families etc.)

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**Participant Residential History:** (With whom has the participant lived in the past, when and for how long?)

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**Physical Environment:** (describe the living environment):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Religion/Spirituality/Values Orientation/ Cultural Influences**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Financial History:** (Does the family’s current financial situation relate to the present problem?)

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**Developmental Medical History:** (difficult pregnancy, severe accidents or medical conditions, etc.)

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**Psychiatric/Counseling History:** (hospitalizations, counseling, any diagnosis, etc.)

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**Participant and Family Strengths and Interests**: (Youth/Family’s perception of strengths and abilities related to the potential for a positive outcome)

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**Mental, Physical and Emotional Status:** (appearance, mood/affect, motor activities/speech, flow and content of thought, memory/orientation, hallucinations/delusions, insights/judgment)

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**Counselor’s impressions, comments, and interpretive summary:** (this section is an overall summary, based on the assessment data, including information from medical history, suicide assessment (if applicable), CDS Needs Assessment and is used in the development of the Individual Plan.)

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Counselor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Completed:\_\_\_\_\_\_\_\_\_\_\_

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