

### 90-DAY CONCURRENT PLANNING FAMILY ASSESSMENT

SSW or FSOS: \_\_\_\_\_ Case Name: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_ DSS#: \_\_\_\_\_

**Family Strengths:** (Check all that apply)

- In the past the parent has met the child’s basic physical, emotional, medical, social and educational needs.
- Parent/s accepts responsibility for the reason that the child came into care.
- Parent/s has adequate resources to meet the child’s basic needs.
- Parent/s have been involved in the child’s medical care.
- The parent/s is willing to seek help to meet the child’s needs.
- The parent/s is attached to the child and is attending scheduled visits.
- The parent/s has extended family, friends, and other individuals that provide support to the family.
- Parent/s have followed through on commitments in the past.
- There are relatives that are appropriate and willing to assist the family in meeting the child’s needs.
- Parent/s has a history of stable housing.
- Parent/s has a history of stable employment.
- Parent/s are making progress on their Case Plan.
- Parent/s uses medical care for self when needed, **including pre-natal care.**
- Other/Comment on above items \_\_\_\_\_

**Assessment of child’s Placement** (check all that apply)

- The child’s placement is appropriate and meets the child’s physical, emotional, educational, medical, social needs.
- Caregivers and parents are willing to work together on reunification.
- The caregivers are committed to providing a permanent home if necessary.
- The child is placed with siblings if siblings are in care and the placement is stable.
- Other/Comment on above items \_\_\_\_\_

**Family’s Needs:** (List needs that need to be addressed to return child to family)

\_\_\_\_\_

**Information from Other Sources:** (Information provided by relatives and community partners that have worked with the family, on the family’s strengths, needs and resources)

\_\_\_\_\_

**Resources to Meet Family’s Needs:** (List the resources that are available to meet the needs of the family)

\_\_\_\_\_

**All areas of concern must be address, modifying the Case Plan may be necessary.**

**Use back of this sheet if additional space is needed for comments.**