"*" indicates required fields				
Email *				
A copy of your responses will be em	ailed to the address you pro	ovided.		
CAFES Name *			—	
First	Middle		Last	
CAFES Contact Email		CAFES Contact	Phone	
0 N N				
Case Name: *				
Case #: *				
Client Name				
First	Middle		Last	
Type of Client:				
O Parent O Minor				
NMD (non-minor dependent)				
De Facto ParentLegal Guardian				
Other:				
Other				
Once were alread before CAFFC al	hla taaukth altaut (al	and have and his auch		
Case was closed before CAFES al Client did not engage with CAFES		IECK DOX AND NIT SUD	init without completing t	ine rest of the form)
☐ Attorney changed mind and no lo☐ Other:				
Other.		7		
Other				
Start date that client was assigne	ed to CAFES per authoriza	tion:		
mm/dd/yyyy	·			
ППП/аа/уууу				
# of months worked with client/s:	: *			
□ 1-3 □ 3-6				
□ 7-12 □ 12+				
Other:				

Interventions/ Work Done on Case (check all that apply) Intended CFT/ Provider meetings Ongoing case management Interfaced with HSA Consulted with caregivers Assessed Placement Interfaced with service providers Supported client at court hearing Prapared client of CPT or provider meeting but could not attend Participated in Educational Matters Participated in Educational Matters Participated in Educational Matters Participated in Medication/Health matters Participated in Mediciation/Health matters Participated in Services Participated in Services Participated in Services Participated in Mediciation/Health matters Participated in Services Particip	Other
Attended CFT/ Provider meetings Ongoing case management Interfaced with HSA Ocnsulted with HSA Ocnsulted with exercive providers Supported client at court hearing Prepared client for CFT or provider meeting but could not attend Participated in Medication-Health matters Provided clinical assessment to attorney Wrote report for attorney Assisted client in finding additional resources (ie. substance treatment, housing, therapy, etc.) Further investigation for attorney Assist attorney and client in developing case strategy Other: Other PAST Status/ Prior to CAFES involvement for Parents: Housing 1, (Homeless) 2, (In transitional or temporary, housing unaffordable) 3, (In stable housing, but not adequate) 6, Not willing to participate in services 7, NA Other: Other PRESENT Status/Post-CAFES involvement for Parents: Housing 1, (Homeless) 2, (In stable bubsidized housing that is safe and adequate) 6, Not willing to participate in services 7, NA Other: Other PRESENT Status/Post-CAFES involvement for Parents: Housing 1, (Homeless) 2, (In stable bubsidized housing that is safe and adequate) 5, (Unsubsidized household is safe and adequate) 6, Not willing to participate in services 7, NA Other: Other Cher PAST Status/Prior to CAFES involvement for Parents/NMD: Employment 1, (No job) 2, (Temporary, part-time, seasonal, not enough to live) 3, (Employed full time, inadequate pay to live, few or no benefits) 4, (Employed full time, inadequate pay to live, benefits) 6, (On SSI or has other financial support to live) 7, Not willing to participate in services 8, NAI 8	
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PRESENT Status/ Post-CAFES involvement with parents/NMD: Employment
 1. (No job) 2. (Temporary, part-time, seasonal, not enough to live) 3. (Employed full time, inadequate pay to live, few or no benefits) 4. (Employed full time, enough to pay to live, benefits) 5. (Maintains permanent employment) 6. (On SSI or has other financial support to live) 7. Not willing to participate in services 8. NA Other:
Other
DACT Chattag / Daign to CAFFC invaluement with resents /NADs Makility/Tunner exterior
PAST Status/ Prior to CAFES involvement with parents/NMD: Mobility/Transportation 1. (No access to transportation, public or private; may have car that is inoperable) 2. (Unreliable transportation, unpredictable, unaffordable; no car or no license) 3. (Transportation available, reliable, but limited; drivers license/ minimal insurance) 4. (Transportation generally accessible to meet basic travel needs) 5. (Transportation readily available and affordable; car is adequately insured) 6. Not willing to participate in services 7. NA Other:
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Other
PAST Status/ Prior to CAFES involvement with parents/NMD: Life Skills 1. (Unable to meet basic needs such as: hygiene, food, every day activities) 2. (In need of some assistance for daily activities) 3. (Very minimal, assistance to meet daily activities) 4. (Meets all basic needs of daily living without assistance) 5. (Provides beyond basic needs of daily living for self and family) 6. Not willing to participate in services 7. NA Other:
Other
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Other
PAST Status/ Prior to CAFES involvement for parents/NMD/and Minors: Family/Social Relations
 1. (Lack of support from family and friends) 2. (Limited support from family friends who also lack ability to help) 3. (Family and friends are learning to support and communicate support) 4. (Strong support from family and friends) 5. (Has healthy and expanding support and good communication) 6. Not willing to participate in services 7. NA Other:
Other
PRESENT Status/ Post-CAFES involvement for parents /NMD and Minors: Family/Social Relations
 1. (Lack of support from family and friends) 2. (Limited support from family friends who also lack ability to help) 3. (Family and friends are learning to support and communicate support) 4. (Strong support from family and friends) 5. (Has healthy and expanding support and good communication) 6. Not willing to participate in services 7. NA Other:
Other
PAST Status/ Prior to CAFES involvement for parents/NMD: Community Involvement 1. (No involvement due to crisis) 2. (Socially isolated, no social skills, lacks motivation to become involved) 3. (Willing to be involved in the community but lacking skills and unaware of opportunities) 4. (Some community involvement, but has barriers: transportation or child care. 5. (Actively involved in community) 6. Not willing to participate in services 7. NA Other:
Other
PRESENT Status/ Post-CAFES involvement for parents/NMD: Community Involvement 1. (No involvement due to crisis) 2. (Socially isolated, no social skills, lacks motivation to become involved) 3. (Willing to be involved in the community but lacking skills and unaware of opportunities) 4. (Some community involvement, but has barriers: transportation or child care. 5. (Actively involved in community) 6. Not willing to participate in services 7. NA Other:
Other
PAST Status/ Prior to CAFES involvement: Parenting Skills 1. (Safety concerns) 2. (Parenting skills are minimal) 3. (Parenting skills evident but continuous growth recommended)

- 4. (Parenting skills are adequate)
 5. (Parenting skills are well developed)
 6. Not willing to participate in services

Il with probation or parole. new charges filed)
with probation or parole.
gal
with probation or parole. new charges filed)

PRESENT Status/ Post-CAFES involvement for parents/NMD and Minors: Substance Abuse

- O 1. (Meets criteria for severe abuse/dependence; needs hospitalization or residential)
- O 2. (Meets criteria for dependence; preoccupation with use/obtaining drugs)
- \bigcirc 3. (Use within last 6 months, evidence of occupational, emotional or physical issues persist)
- O 4. (Client has used during last six month but no evidence of recurrent dangerous use)

Other

○ 5. (No drug use/alcohol abuse in the last six months)○ 6. Not willing to participate in services	
○ 7. NA	
Other:	
Other	
Culci	
PAST Status/ Prior to CAFES involvement for Minors: Ed	ucation
○ Struggling in school with no support○ Has support in school/ IEP or 504 or SST, still struggling	
Has adequate support but needs changes to thrive	
O Doing very well in school with proper supports in place	
Other:	
Other	
December 1 Part 0 AFFO investment for Minary Full	
Present Status/ Post-CAFES involvement for Minors: Ed Struggling in school with no support	ucation
 ○ Struggling in school with no support ○ Has support in school/ IEP or 504 or SST, still struggling 	
Has adequate support but needs changes to thrive	
Oping very well in school with proper supports in place	
Other:	
Other	
Placement (for Minors only) BEFORE CAFES involvemen	t:
○ Minor in restrictive setting STRTP/ hospital setting	
Minor is in a resource home OUT of county	
Minor is in a resource home IN county	
○ Minor is living with a relative/kinship○ Minor is living with in an adoptive home	
Minor is living with a parent	
Other:	
Other	
Other	
Permanency Planning BEFORE CAFES involvement:	
Minor in restrictive setting STRTP/ hospital setting	
Minor is in a resource home OUT of county	
Concurrent plan is not clear	
○ Family finding is not being utilized○ Permanent home has not been identified	
Concurrent plan is clear and shared with the family	
 Family finding continues to be worked on throughout the c 	ase
 Permanent home has been identified and child placed or s 	
Other:	
Other	
Permanency Planning/ Outcome (after work with CAFES):
Child/ren returned home (case dismissed)	
Reunification services continue while child/ren with relative	e or resource home
Family Maintenance case opened	
Child/ren placed with relative	
 ○ Child/ren being adopted ○ Child/ren with caregiver going to guardianship 	
Reunification services terminated	
 Reunification services terminated but parents still engaged 	4

Other:			
Other			
		•	
Any comments to share	(successes or challenges) re: case?		
			//
Date CAFES completed	goals/ closed case (court submitted)		
mm/dd/yyyy			
Submit			

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