LOGAN COUNTY
Strengths Needs and Cultural Discovery

CHILD NAME: NAME HERE **DOB:** DOB HERE

INTERVIEWER NAME: NAME HERE **DATE(s) OF INTERVIEW:** DATE HERE

Family Member	Relationship	Age	Participated in Interview

PROFESSIONALS INVOLVED:
NAMES HERE NAMES HERE

CONTEXT/REASON FOR REFERRAL:
WRITE HERE

FAMILY VISION:
WRITE HERE

FAMILY DISCOVERY:

1. **Family**
   TYPE HERE
2. **Home/Financial**
   TYPE HERE
3. **Emotional/Psychological**
   TYPE HERE
4. **Social/Recreational**
   TYPE HERE
5. **Education/Vocation**
   TYPE HERE
6. **Safety/Crisis**
   TYPE HERE
7. **Medical/Health**
   TYPE HERE
8. **Legal**
   TYPE HERE
9. **Cultural/Spiritual**
   TYPE HERE

CASII ASSESSMENT: (Child & Adolescent Service Intensity Instrument)

SCORE (1-5)	DIMENSION	JUSTIFICATION
	I. Risk of Harm	
	II. Functional Status	
	III. Co-Occurrence	
	IV. Recovery Environment A. Environmental Stress	

B. Environmental Support	
V. Resilience and/or Response to Services	
VI. Involvement in Services *(record the higher of the two scores)* A. Child/Adolescent	
B. Parent and/or Primary Care Taker	
Sum of 7 scores = Composite CASII score	
CASII derived recommendation for level of service intensity *(Consult Grid)*	
CASII clinical recommendation for level of service Intensity	
Justification if CASII derived level is different than CASII clinical recommended level:	

FAMILY STRENGTHS

1. WRITE HERE

PRIORITIZED NEED(S)

1. WRITE HERE

LEVEL OF SERVICE COORDINATION INDICATED

(Based on Logan County System of Care Level & Logan County Service Intensity Inventory)

Identified LC SOC Level: _____

☐ **TRADITIONAL AGENCY-BASED SERVICES** *LC SOC Level 1; CASII Level 1 & 2*
☐ **INFORMAL CHILD & FAMILY TEAM** *LC SOC Level 2; CASII Level 3*
☐ **FORMAL CHILD & FAMILY TEAM** *LC SOC Level 3& 4; CASII Level 4-6*

PLAN OF ACTION

(Select on e of following)

☐ **LC SOC Level 1-2**

Identify plan for connecting family to resources: (Level 1: I&R only; Level 2: ICFT indicated)

WRITE HERE

☐ **LC SOC Level 3+**

Establish plan for Formal Child & Family Team:

DATE OF FIRST MEETING: WRITE HERE

TEAM MEMBERS:

Name	Role	Name	Role
1.		2.	
3.		4.	

By signing below Parent acknowledges: (1) receiving a copy of the Logan Co. FCFC Parent Brochure, a brief guide to Service Coordination and Parental rights and (2)reviewing this assessment.

PARENT SIGNATURE: _____ **DATE:** _____

INTERVIEWER SIGNATURE: _____ **DATE:** _____