

Title IV-E Prevention Services Screening Tool

(09/2021)

Screening Date:

Child Client ID:

Child Client Name:

Child Client Age:

Parent/Caregiver Name:

Is the child client an infant and first-born?

Is the parent a pregnant or parenting youth?

Instructions: Using the scale below, rate each item in collaboration with the caregiver. If deemed appropriate, additional information can be gathered from the youth when over the age of 12. Please answer each question and score appropriately based on the information gathered.

NA	1	2	3	4
Not Applicable	Mild (almost never)	Moderate (occasional)	Severe (often)	Extreme (most of the time)

Child/Youth	Score	Comments
The child/youth misses required school/childcare days		
The child/youth has mental health condition that impacts functioning in more than one setting (home, school, daycare, community)		
The child/youth has behavioral concerns that impact functioning in more than one setting (home, school, daycare, community)		
The child/youth uses mood altering substances and/or tobacco that are not prescribed		
The child/youth has involvement with juvenile justice		
The child/youth has experienced prior out-of-home placement(s) or treatment episodes		
The child/youth engages in developmentally inappropriate tasks, behaviors and activities		

The child/youth displays difficulty in attaching to their caregiver		
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Total Score:		
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<p>Based on the scoring, recommend the following service(s) for the child/family:</p> <ul style="list-style-type: none"> • Score of 22 - 28: Functional Family Therapy/Multisystemic Therapy/ Homebuilders/ Healthy Families/Parents as Teachers/Nurse-Family Partnership • Score of 15 - 21: Brief Strategic Therapy/Parent-Child Interaction Therapy/Homebuilders/ Healthy Families/ Parents as Teachers/Nurse-Family Partnership • Score of 8 - 14: Brief Strategic Therapy/Parent-Child Interaction Therapy/ Healthy Families/Parents as Teachers/Nurse-Family Partnership • Score of 1 - 7: Healthy Families/Parents as Teachers/Nurse-Family Partnership/Possible referral to other community resources 		<i>These are only recommendations and you may choose a higher or lower level of service intensity based on information not contained in this screening. Justify the change in level in the recommendation section.</i>
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Parent/Caregiver	Score	Comments
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The parent/caregiver has mental health condition that impacts their ability to provide a safe and stable home		
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The parent/caregiver struggles to provide protective capacities to keep the child safe		
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The parent/caregiver has substance use that impacts their ability to provide a safe and stable home		
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The parent/caregiver requires assistance to maintain family interactions including conflict, child follow through or parenting practices		
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The family has involvement with child welfare (In-home Case Management or Child Protective Services)		
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The parent/caregiver is inconsistent in ensuring the child/youth participates in required activities such as education or medical appointments		
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The parent/caregiver displays or expresses difficulty in bonding with the child		
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Total Score:		
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<p>Based on the scoring, recommend the following service(s) for the child/family:</p> <ul style="list-style-type: none"> • Score of 22 - 28: Functional Family Therapy/Multisystemic Therapy/ Homebuilders/Healthy Families/Parents as Teachers/Nurse-Family Partnership • Score of 15 - 21: Brief Strategic Therapy/Parent-Child Interaction Therapy/Homebuilders/Healthy Families/ Parents as Teachers/Nurse-Family Partnership • Score of 8 - 14: Brief Strategic Therapy/Parent-Child Interaction Therapy/Healthy Families/Parents as Teachers/Nurse-Family Partnership • Score of 1 - 7: Healthy Families/Parents as Teachers/Nurse-Family Partnership/Possible referral to other community resources 		<i>These are only recommendations and you may choose a higher or lower level of service intensity based on information not contained in this screening. Justify the change in level in the recommendation section.</i>
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RECOMMENDED TITLE IV E IN HOME SKILL BUILDING SERVICES

<i>Check all recommended programs</i>	<i>Justification for recommended level of service</i>	<i>Can family access in their community?</i>
Healthy Families		
Nurse-Family Partnership		
Parents as Teachers		

RECOMMENDED TITLE IV E THERAPY SERVICES

<i>Check all recommended programs</i>	<i>Justification for recommended level of service</i>	<i>Can family access in their community?</i>
Homebuilders		
Parent Child Interaction Therapy		
Brief Strategic Family Therapy		
Functional Family Therapy		
Multisystemic Therapy		

OTHER

No Title IV-E services recommended

Other community referrals (list all):

I am the screening provider and will provide recommended service(s). I will have the client complete a Release of Information SFN 1059 between myself (the provider) and the Department of Human Services-Children and Family Services Division.

I am the screening provider and I will not be providing the recommended service(s). If applicable, I will assist the client in finding a provider for the recommended service(s). If the provider is a Title IV-E provider, I will have the client complete a Release of Information SFN 1059 between myself (the screener) and the provider I am referring the client to.

Screening Provider Name:

Screening Provider Signature:

Date: