### How to retrieve the required Families First assessment documents from CARE

After completing the PRA and Zeroing-In Process, you will be able to pull the necessary documents from CARE needed for Families First.

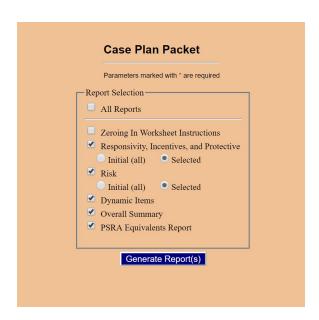
## What to send with the initial referral:

- Step 1: Select the youth's case in CARE
- Step 2: Go to the 'Case Assessment Lookup' section (Assessments Tab) in the youth's case
- Step 3: Click on the 'case plan' icon next to the most recent PRA
- Step 4: Click on 'Case Plan Report Packet' in the upper right hand corner

#### Step 5: Select the boxes next to:

- Responsivity, Incentives and Protective (Selected)
- Risk (Selected)
- Dynamic Items
- Overall Summary
- PSRA Equivalents Report

The box should look like this prior to selecting 'Generate Report(s)'.



Step 6: Click on 'Generate Report(s)'

Step 7: Save or print the 'Assessment Generic PDF' that populates

Step 8: Attach the saved/printed report to the completed Families First Referral

What to send when the youth has completed the program:

Step 1: Select the youth's case in CARE

Step 2: Go to the 'Case Assessment Lookup' section (Assessments Tab) in the youth's case

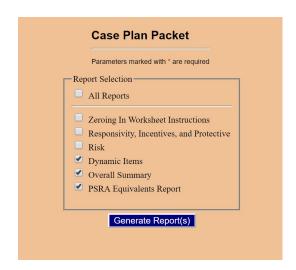
Step 3: Click on the 'case plan' icon next to the most recent PRA

Step 4: Click on 'Case Plan Report Packet' in the upper right hand corner

Step 5: Select the boxes next to:

- Dynamic Items
- Overall Summary
- PSRA Equivalents Report

The box should look like this prior to selecting 'Generate Report(s)'.



Step 6: Click on 'Generate Report(s)'

Step 7: Save the 'Assessment Generic PDF' that populates

Step 8: Send the saved report to Families First

CPO Approval:	
AOC Approval:	

# JUVENILE COURT FAMILIES FIRST PROGRAM Intensive In-Home Family Services Referral Form

Official Use Only Assigned Worker: Fam	nily Number:
Date Case Assigned:Star	rt Date:
Referring Probation	
Date of Referral	
Probation Officer:	
Phone:	
Email Address:	
Referred Youth:	
Case #:	Gender: M F
Age:	DOB:
Address:	
Home Phone:	Cell Phone:
Language Preference:	School/Grade:
Court Status:	Identified Risk Level:
Identified risk factors:	
Other Programs the youth is participating in:	
Please $check(x)$ if person is <u>living at home</u> :	
Mother:	Phone Number:
Father:	Phone Number:
Step Parent/Guardian:	Phone Number:

Other Ph	ne #: Other Phone #:							
List all c	hildren in home b	y age: (Name, a	ige, relation	nship to	youth)			
				Ag	ge:			
Name:	nme:				Relationship:			
					ge:			
Name:	Name:			Relati	onship:			
			Ag	ge:				
Name:	Name:				onship:			
				Ag	ge:			
Name:								
Other p	eople in home (n	ame, age, rela	tionship to	youth	1)			<u> </u>
			Age					
Name:								
ivalle.			Relatio	onship:				
			Age	e:				
Name:			Relatio	onship:				
this refer	ark if probation e ral. The parents u the family's home	inderstand that	milies Firs	t progr			•	
Family S	chedule:							
Mon.	Tues.	Wed.	Thur.		Fri.	Sat.	Sun.	
Planned	Vacations:							
Where is	youth at the time	e of referral?						
If the you	nth is not in the ho	me, can he/she	be returned	home	within 7 d	ays? Yes	No	

**Problem Checklist:** Please check (x) any of the following problems that you think the family/youth is experiencing. Also, please identify persons involved and provide a description regarding the degree of the problem in the space below.

## **Contributing Problems - Family**

(AB) Abuse/exploitation by non- family member	(NG) Neglect	(DA) Parent drug/alcohol problems
(PA) Physical abuse by parent/ guardian	(EA) Emotional abuse by parent/guardian	(PC) Parent/Child Conflict
(FV) Family Violence	(RS) Parent/Guardian too restrictive/protective	(IL) Parent Handicap/Illness
(IR) Inadequate physical resources	(SA) Sexual Abuse	(UE) Parent/Guardian Unemployment

## **Contributing Problems - Target Youth**

(AA) Youth Alcohol Abuse	(DR) Youth Drug Abuse	(MI)Mental/Emotional Illness
(BP) Behavioral problems/delinquent	(RW) Runaway	(CC) Custody Change
(PG) Pregnancy/unwed	(DP) Depressed	(ML/MD) Mental Limitations/Disabilities
(HP) Health Problems/Handicap	(SP) Suicide Potential	(SX) Sexually acting out
(LD) Learning disability	(TR) Truancy	Other:

(III ) Health I 10010IIIS/Handleap	(SI) Suicide I otential	(SA) Sexually acting out
(LD) Learning disability	(TR) Truancy	Other:
Please provide further explanati	on of selections as requested	above:
Transe provide rarviner emplanation	on or sereetions as requested	
Please explain the reason for the	referral:	
Trease expansion the reason for the	2022242	

What outcome(s) would you like the youth/family to have from participating in this service?
Note to Probation Officers:
For Probation Officers Use:
Please include the following items with this referral: -Selected Responsivity Incentives and Protective -Selected Risk -Completed Case Plan, once it has been completed
Please E-mail referrals to both Wayne Arner and Katelyn Caldwell -Warner@youthvillage.org -Kcaldwell@youthvillage.org