



***The Family Service of Marion and Harrison Counties, Inc***

*A private, non-profit, Equal Opportunity, United Way Agency*

1313 Locust Avenue, Suite 1, Fairmont WV 26554-1435 (304) 366-4750 1-800-561-5091 Fax: (304) 366-4753 or Rt. 2 Box 406 Old Bridgeport Hill, Clarksburg, West Virginia 26301 (304) 842-0200 Fax: (304) 842-8341

**The Family Services  
Socially Necessary Services  
Face Sheet**

Date \_\_\_\_\_ Case Worker \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Case Name \_\_\_\_\_ Phone \_\_\_\_\_

Is this case related to another current FS, SNS case? If so, please list other case name and explain relationship (includes whether the referred individual lives with or apart from related open case):

\_\_\_\_\_ Address/Dire  
ctions: \_\_\_\_\_

\_\_\_\_\_

—

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ S.S.No. \_\_\_\_/\_\_\_\_/\_\_\_\_

1. **County of Residence** \_\_\_\_\_

2. **Current Living Arrangement of Child/Children (check one)**

\_\_\_\_ Home of Biological Parent

\_\_\_\_ Home of Relative

\_\_\_\_ DHHR Foster Care Home

\_\_\_\_ Residential Group Treatment Facility

\_\_\_\_ Other (please explain) \_\_\_\_\_

3. **County of Referral:** \_\_\_\_\_

4. **Referral Source (check one):**

\_\_\_\_ WV DHHR \_\_\_\_ MDT (Foster Care service must be referred by MDT)

5. **Medicaid Card #** \_\_\_\_\_

6. **Service Plan Summary (please label 1, 2, 3,-1 being most important):**

\_\_\_\_ Safety Service

\_\_\_\_ Independent Life Skills

\_\_\_\_ Educational Support

\_\_\_\_ Maintain Community Placement

\_\_\_\_ Family Relationships

\_\_\_\_ Maladaptive/Antisocial Behaviors

☐ Reunification ☐ Crisis Resolution  
☐ Transition to Adulthood ☐ Access/Maintain Employment  
☐ Activities of Daily Living ☐ Parent Training  
☐ Supervised Parenting

**7. Educational Status:**

☐ Preschool ☐ Head Start ☐ Reg Ed ☐ Spec Ed  
☐ GED pgm ☐ Homebound ☐ Trade/Voc/Tech ☐ College FT  
☐ College PT ☐ Not in School

**8. Failing Grades:**

☐ Math ☐ English ☐ Science ☐ Social Studies ☐ Not failing core

9. **IEP Date :** \_\_\_\_\_ ( If IEP, child will not qualify for tutoring service)

10. **Last Grade Completed:** \_\_\_\_\_

11. **Number of days absent due to behavior in the last 90 days:** \_\_\_\_\_

**12. Case Status:**

☐ Currently open CPS or YS case (with ongoing worker)  
☐ Previously open for DPS or YS case (Family Support)  
☐ Not ongoing CPS or YS case (Family Support)

13. **Is Child at risk for removal?** \_\_\_\_\_

**14. Consumer Legal Status:**

☐ Non-adjudicated Delinquent ☐ Non-adjudicated Status Offender  
☐ Adjudicated Delinquent ☐ Adjudicated Status Offender  
☐ Charged as Adult ☐ No Legal Problems

**15. Guardianship Description (please label PP and PC):**

☐ Both Parents ☐ Mother Only ☐ Father Only  
☐ Adoptive Parents ☐ Court Appt. Guardian ☐ Temp St Custody  
☐ State Ward ☐ Relative ☐ Legal Guardian  
☐ Legal Custody-State/ Physical Custody-Parent

**16. Permanency Plan and Permanency Concurrent (please label PP and PC):**

☐ Adoption ☐ Relative Placement  
☐ Emancipation ☐ Reunification  
☐ Legal Guardianship ☐ Maintain in the Home  
☐ Independence

17. **Number of Petitions Filed:** \_\_\_\_\_

18. **Court Ordered (Y or N):** \_\_\_\_

19. **MDT Involvement (Y or N):** \_\_\_\_ **Date of Last MDT:** \_\_\_\_/\_\_\_\_/\_\_\_\_

20. **Race (please check one):**

\_\_\_\_Alaskan Native    \_\_\_\_Native American    \_\_\_\_African American  
\_\_\_\_Pacific Islander    \_\_\_\_Caucasian    \_\_\_\_Asian    \_\_\_\_Other

21. **Ethnicity (please check one):**

\_\_\_\_Hispanic Origin    \_\_\_\_Not of Hispanic Origin

22. **Presenting Problems (please label-P for Primary, S for Secondary, T for Tertiary):**

\_\_\_\_Abandonment    \_\_\_\_Abuse-phys., psych., or sex.    \_\_\_\_Acting Out-Aggression  
\_\_\_\_Acting Out/Sexual    \_\_\_\_Behavioral Problems    \_\_\_\_Change in Family Circumstances  
\_\_\_\_Death/Bereavement    \_\_\_\_Fire Setting    \_\_\_\_Housing/Financial  
\_\_\_\_Job/Work Problems    \_\_\_\_Legal Issues    \_\_\_\_Mental Handicap  
\_\_\_\_Development Delay    \_\_\_\_Neglect    \_\_\_\_Relationship Problems  
\_\_\_\_School/Ed. Problems    \_\_\_\_Social Problems    \_\_\_\_Substance Abuse  
\_\_\_\_Domestic Violence    \_\_\_\_Transition to Adulthood    \_\_\_\_Truancy  
\_\_\_\_Parenting Skills    \_\_\_\_Parent/Child Problems    \_\_\_\_Runaway

23. **Client's Level of Functioning During Past 90 Days:**

	No History of Deficit	Independent with History of Deficit	With Minimal Assistance	With Direct Assistance
School/Work				
Activities of Daily Living				
Maintains Relationships				
Maintains Personal Safety				
Maintains Personal Hygiene				
Maintains Community Safety				

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date