



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

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

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**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          | ____ Maintain Community Placement     |
| ____ Independent Life Skills | ____ Family Relationships             |
| ____ Educational Support     | ____ Maladaptive/Antisocial Behaviors |

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

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

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

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

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

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

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