

1. Potential Risk Indicators: Assessment

Document Date

 

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Potential Risk Indicators

	Yes	No	Who:
Unsafe environment, isolated or risky location, others in environment pose a risk?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Numerous people coming and going from the home?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Large and/or threatening animals in home?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Children under the care of questionable people?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Known perpetrator or other unsafe person living in the home?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Consumer or family has a history of property damage?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Consumer or family has a history of fire setting?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Consumer or family has a history of cruelty to animals?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Consumer or family has a history of threatening / anti-social / aggressive behavior?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>
Consumer or family has a preoccupation / interest in violence, violent thoughts, obsession to hurt others, etc?	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="font-size: small; text-align: right;">characters left: 128 </div>

<p>Consumer or family has a history of self-injurious or suicidal behavior?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Consumer or family is a victim of abuse / neglect?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Consumer or family is a victim of sexual abuse?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Consumer or family has a history of substance abuse?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Consumer or family currently uses substances?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Consumer or family exhibits problems with impulse control, or demonstrates a lack of remorse?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Family has a history of psychiatric issues?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Family member has been or is incarcerated?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>
<p>Family has a current open CPS case?</p>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="border-top: 1px solid #ccc; padding-top: 2px;"> characters left: 128 </div>

Any additional comments on any above "yes" responses:

characters left: 30000



Initial Family Strengths Completed:

Yes No

Initial Safety Plan Completed:

Yes No

Potential Team Contact Form Completed:

Yes No

Service History Summary Completed:

Yes No
