



RELIEF NURSERY

RISK FACTORS CHECKLIST – FOLLOW-UP

This form is completed at each 6-month assessment, and at Program *Exit*. The term, “family” refers to the served child’s legal and primary family, and does **not** include the child’s foster family. “Adult” refers to the served child’s primary parent(s). Please see the Oregon Relief Nursery Data Collection Handbook for more information.

INTERVENTIONIST: _____ DATE: _____ FAM# _____

PRIMARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

SECONDARY LEGALLY IDENTIFIED PARENT FIGURE NAME _____ RELATION to child _____ IND# _____

Assessment Type (Check one only.)

<input type="checkbox"/> 6-month	<input type="checkbox"/> 18-month	<input type="checkbox"/> 30-month	<input type="checkbox"/> 42-month	<input type="checkbox"/> 54-month	<input type="checkbox"/> 60-month
<input type="checkbox"/> 12-month	<input type="checkbox"/> 24-month	<input type="checkbox"/> 36-month	<input type="checkbox"/> 48-month	<input type="checkbox"/> Exit _____	
					<i># of months since last update</i>

Name of child (for file): _____

Names of other children in this family: _____; _____; _____; _____

Based on your clinical observation, and knowledge of the family, at present are any of the following present:

1. FAMILY VIOLENCE AND VICTIMIZATION	Yes	No
a) An adult in this family has issues with anger management	<input type="radio"/>	<input type="radio"/>
b) An adult in this family has an emotionally, verbally or physically violent intimate partner relationship	<input type="radio"/>	<input type="radio"/>
c) An adult in this family is incarcerated or under supervision with the criminal justice system	<input type="radio"/>	<input type="radio"/>
2. POVERTY	Yes	No
a) This family has more than 3 children in the household	<input type="radio"/>	<input type="radio"/>
b) This family is unable to consistently access and/or provide food to obtain adequate nutrition for every family member	<input type="radio"/>	<input type="radio"/>
c) The caregivers in this family are homeless, or have no permanent home	<input type="radio"/>	<input type="radio"/>
d) This family has inadequate family supplies / child supplies	<input type="radio"/>	<input type="radio"/>
e) This family has no telephone or no access to a reliable telephone	<input type="radio"/>	<input type="radio"/>
f) This family’s income is below the Federal Poverty Level (FPL) for a family of this size	<input type="radio"/>	<input type="radio"/>
g) This family does not have access to reliable transportation	<input type="radio"/>	<input type="radio"/>
h) This family is under/unemployed	<input type="radio"/>	<input type="radio"/>
3. CHILD WELFARE	Yes	No
a) At least one child in this family is being neglected, or is being physically, emotionally, or sexually abused	<input type="radio"/>	<input type="radio"/>

b) At least one child in this family is currently in DHS-mandated out of home care	<input type="radio"/>	<input type="radio"/>
c) This family has an open child welfare case	<input type="radio"/>	<input type="radio"/>
4. MENTAL HEALTH	Yes	No
a) At least one parent in this family is experiencing high stress such as difficulty coping and/or multiple stressors	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
c) At least one parent in this family is experiencing mental health problems	<input type="radio"/>	<input type="radio"/>
d) At least one parent in this family is experiencing low self-esteem that interferes with their daily functioning	<input type="radio"/>	<input type="radio"/>
5. MEDICAL	Yes	No
a) At least one parent or child in this family is experiencing a medical disability	<input type="radio"/>	<input type="radio"/>
b) At least one child in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
c) At least one parent in this family has a developmental disability	<input type="radio"/>	<input type="radio"/>
d) The mother of this family is currently pregnant	<input type="radio"/>	<input type="radio"/>
6. OTHER RISK FACTORS	Yes	No
a) In this family there are English language difficulties	<input type="radio"/>	<input type="radio"/>
b) Caregivers in this family are divorced or separated	<input type="radio"/>	<input type="radio"/>
c) This family lacks a support system other than the Nursery or other professional personnel	<input type="radio"/>	<input type="radio"/>
d) This family lacks needed child care	<input type="radio"/>	<input type="radio"/>
e) At least one member of this family is of a member of a racial or ethnic minority	<input type="radio"/>	<input type="radio"/>
f) One or more parents has a new domestic partner	<input type="radio"/>	<input type="radio"/>
g) This family is a single parent family	<input type="radio"/>	<input type="radio"/>
h) This family has had at least one multiple birth (twins, triplets)	<input type="radio"/>	<input type="radio"/>
i) Untreated substance abuse is present in this family	<input type="radio"/>	<input type="radio"/>
j) At least one caregiver in this family is receiving substance abuse treatment	<input type="radio"/>	<input type="radio"/>
k) This family is currently at extreme high risk (child in imminent danger of abuse/neglect)	<input type="radio"/>	<input type="radio"/>
l) Other: _____	<input type="radio"/>	<input type="radio"/>
m) Other: _____	<input type="radio"/>	<input type="radio"/>
Total Number of Risk Factors (sum of Yes responses)		