



# 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"/> |
| <b>4. MENTAL HEALTH</b>                                                                                               | <b>Yes</b>            | <b>No</b>             |
| 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"/> |
| <b>5. MEDICAL</b>                                                                                                     | <b>Yes</b>            | <b>No</b>             |
| 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"/> |
| <b>6. OTHER RISK FACTORS</b>                                                                                          | <b>Yes</b>            | <b>No</b>             |
| 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)                                                                   |                       |                       |