

Iowa Department of Human Services
CINA Services Assessment Summary

Client Name:		
Address:		Home Phone:
		Other Phone:
Intake Date:	CINA Assessment Worker:	County

Household Composition				
Sex: Male (M), Female (F)				
Name	DOB	Sex	Role	Comments

Non-Custodial Parent		
Name:	DOB:	Parent of:
Address:		Phone:

Iowa Department of Human Services
CINA Services Assessment Summary

CINA Issue Reported

(Give brief description of CINA Intake Issues)

Summary of Previously Confirmed or Founded Reports concerning Family Members

Date	Incident #	Person Responsible	Type:	Victim	Finding

Summary of Previously Confirmed or Founded Reports concerning Subjects as found in ACAN

Date	Incident #	Person Responsible	Type:	Victim	Finding

Iowa Department of Human Services
CINA Services Assessment Summary

Summary of Contacts			
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Date of Contact	Time of Contact	Type of Contact	Contact (Name, Location/Affiliation, Phone)

Summary of Contact			
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Date of Contact	Time of Contact	Type of Contact	Contact (Name, Location/Affiliation, Phone)

Summary of Contact			
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Summary of Observations, Findings and Determination of CINA Criteria <i>(See Intake Form and CINA Guidance Tool)</i>
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(Note assessment of family strengths /needs and recommendations for CINA and services)

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If Recommended for CINA Action, Complete the Following Family Assessment:

Family Functioning Domain	Assessment Findings – Strengths, Needs and Issues Linked to Family Functioning Domains
<input type="checkbox"/> Child Well-being	<ul style="list-style-type: none"> • Child’s mental health • Child’s behavior • Relationship with peers • School performance • Motivation/Cooperation to stay with family • Relationship with Caregiver(s) • Relationship with siblings
<input type="checkbox"/> Parental Capabilities	<ul style="list-style-type: none"> • Supervision of children • Mental health • Disciplinary practices • Physical health • Development/enrichment • Use of Drugs/Alcohol
<input type="checkbox"/> Family Safety	<ul style="list-style-type: none"> • Physical abuse of child • Neglect of child • Sexual abuse of child • Domestic violence • Emotional abuse of child
<input type="checkbox"/> Family Interactions	<ul style="list-style-type: none"> • Bonding with child • Relationship between parent/caregivers • Expectations of child • Mutual support within the family
<input type="checkbox"/> Home Environment	<ul style="list-style-type: none"> • Housing stability • Financial management • Income/Employment • Safety in community • Personal hygiene • Habitability • Transportation

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Case Disposition	Referral Date:
<input type="checkbox"/> To: _____ for CINA and Case Management	Date:
<input type="checkbox"/> To CPW for Assessment	Date:
<input type="checkbox"/> Information & Referral: To:	Date:
<input type="checkbox"/> Information Only: To:	Date:

Approval	
Worker Signature:	Date:
Supervisor Signature:	Date: