**Clinical Assessment of Protective Parenting (CAPP) Referral and Request for Authorization**

1. **Household/family information** *Members of the interviewee’s household*

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship to interviewee** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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1. **Initial Requirements**

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| --- | --- |
| **Please answer the following regarding the interviewee:** | |
| **Are they displaying behaviors that are concerning for severe and persistent mental health symptoms?** | **Yes**  **No** |
| **Are they the perpetrator of sexual abuse?** | **Yes  No** |
| **Are they actively misusing substances?**  **Are there concerns for their mental competency?** | **Yes  No**  **Yes  No** |
| **Has custody been removed, and will the agency move to TPR or cease reunification efforts with interviewee?** | **Yes  No** |
| ***If yes to any of the above, please explain:*** | |
| Click or tap here to enter text. | |

1. **Reason for Referral** *Check all that apply and provide explanation for how circumstances meet criteria*

|  |  |
| --- | --- |
| **There have been two or more reports of maltreatment by the interviewee with similar allegations and no evidence of progress** | **Yes  No** |
| **Please explain:** Click or tap here to enter text. | |
| **The agency needs assistance with identifying parent/caretaker needs and/or the appropriate services to protect children from entry into foster care** | **Yes  No** |
| **Please explain:** Click or tap here to enter text. | |
| **“Primary Needs” identified on the DSS-5229 indicate that the parent would benefit from further, clinical assessment** | **Yes  No** |
| **Please explain:** Click or tap here to enter text. | |
| **At least one of the children is part of a population identified as at greatest risk of maltreatment AND the Family Risk Level on DSS-5230 is HIGH** | **Yes  No** |
| **If YES, which population (check all that apply):** |
| **Please explain:** Click or tap here to enter text. | **Child under age 3** |
| **Teenager with mental health and/or behavioral issues** |
| **Child born to young parents with little to now parenting education** |
| **Children born to parents with significant history of abuse/neglect** |
| **Children living in significant poverty** |
| **LGBTQ youth** |

1. **CPS Family/Investigative Assessment**

**Date case opened:** Click or tap to enter a date.

1. **Current Maltreatment Concerns** *Check all maltreatment types that* ***current*** *CPS Family/Investigative Assessment is addressing. Provide brief explanation of current assessment*.

|  |  |  |
| --- | --- | --- |
| **Sexual Abuse** | **Neglect** | **Emotional Abuse** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Physical Abuse** | **Medical Child Abuse** |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. **Summary of Current Psychosocial Concerns**

|  |  |
| --- | --- |
| **Prior LE/criminal history** | **Yes  No  Unknown** |
| **Domestic violence** | **Yes  No  Unknown** |
| **Trauma exposure** | **Yes  No  Unknown** |
| **Substance misuse/disorder** | **Yes  No  Unknown** |
| **Mental health concerns/diagnosis:** | **Yes  No  Unknown** |
| **Describe any significant psychosocial history:** Click or tap here to enter text. | |

1. **Prior Child Welfare Involvement**

|  |  |
| --- | --- |
| **Prior child welfare involvement:** | **Yes  No  Unknown** |

**If yes:**

|  |  |
| --- | --- |
| **Prior child welfare involvement for same child** | **Yes  No  Unknown** |
| **Prior maltreatment concerns** | Click or tap here to enter text. |
| **Previous recommendations** | Click or tap here to enter text. |

**\*\*End of Request for Authorization\*\***