

## CHILD/FAMILY CONTACT SHEET – SAFETY ASSESSMENT/SAFETY PLANNING

CASE NAME:		DATE OF CONTACT:	
TYPE OF CONTACT:	<input type="checkbox"/> Announced	<input type="checkbox"/> Unannounced	
LOCATION:	<input type="checkbox"/> Home visit	<input type="checkbox"/> Phone Contact	<input type="checkbox"/> Office Visit
		<input type="checkbox"/> Other (Explain)	
PARTICIPANTS		RELATIONSHIP	
PURPOSE OF CONTACT AND OBSERVATIONS:			

**THE SAFETY ASSESSMENT WAS DEVELOPED USING THE 6 DOMAINS, 14 SAFETY THREATS CHECKLIST AS WELL AS 11 BEHAVIORAL, 7 EMOTIONAL AND 7 COGNITIVE PROTECTIVE CAPACITIES.    \_\_\_ Yes    \_\_\_ No**

SAFETY ASSESSMENT	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Initial	<input type="checkbox"/> Update
SAFETY THREATS (Identify and explain):			
BEHAVIORAL, EMOTIONAL AND COGNITIVE PROTECTIVE FACTORS (Identify and explain):			

