

STATE OF MARYLAND - DEPARTMENT OF HUMAN RESOURCES
MARYLAND FAMILY RISK ASSESSMENT (MFRA)

Attachment S

Casehead:

Case ID:

CHILDREN AND FAMILY IN HOUSEHOLD

| Names | DOB | Age |
|-------|-----|-----|
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I. BASIC INFORMATION

Date Assessment Initiated: Timeframe for Completion: Reconsideration
Status Review Date: Status Review of MFRA :

II. RISK CATEGORIES

A. HISTORY OF CHILD MALTREATMENT:

Risk for History of Child Maltreatment: No known documented incidents of child maltreatment

Comments to Support Rating:

B. TYPE AND EXTENT OF CURRENT MALTREATMENT INVESTIGATION:

Risk for Type and Extent of Current Maltreatment Investigation: No maltreatment incident

Comments to Support Rating:

C. CHILD CHARACTERISTICS:

| Child Name | Age (yrs) | Risk Based on Age | Child Functioning | Capacity to Self Protect |
|------------|-----------|-------------------|-------------------|--------------------------|
|------------|-----------|-------------------|-------------------|--------------------------|

Risk for Child Characteristics Category:

Comments to Support Rating :

If this assessment changes the previous assessment for child characteristic category, please explain:

Age

| | |
|----------|--------------------|
| High | 2 years or younger |
| Low | 8-12 years old |
| Moderate | 3-7 years old |
| None | 13-18 years old |

Child Functioning

| | |
|----------|--|
| High | Significant disruption of activities of daily living due to identifiable or indication of mental / developmental / behavioral / physical / social impairment / substance addiction |
| Low | No disruption of activities of daily living due to identifiable or indication of mental / developmental / behavioral / physical / social impairment / substance exposure |
| Moderate | Occasional disruption of activities of daily living due to identifiable or indication of mental / developmental / behavioral / physical / social impairment / substance usage |
| None | No identifiable mental / behavioral / physical / social impairment / no substance involvement |

Capacity to Self Protect

| | |
|----------|--|
| High | No ability to protect self |
| Low | Can verbalize a protection plan and has demonstrated the ability to follow through |
| Moderate | Inconsistent ability to protect self |
| None | No apparent need to defend self and/or can seek assistance |

D. CAREGIVER CHARACTERISTICS:

Caregiver Name: VALERIE ROOSA

Current Substance Abuse: None Substance abuse not a factor

Caregiver Functioning: None No identifiable or indication of
mental/intellectual/behavioral/physical/social impairment

History of Maltreatment as a
Child : None No known History

Use of Discipline: None Appropriate and consistent discipline

Empathy/Nurturing/Bonding: None Displays appropriate affection/stimulation/acceptance of child

Expectations of Child: None Realistic expectations

Responds to Child's Needs
and Provides Supervision: None Has capacity to protect child from maltreatment and supervises
appropriately

Caregiver's History of Violence: None No known incidents

Recognition of Problem: None Shows full recognition of problem; is fully willing to cooperate
(Other than Domestic Violence)

Motivation to change/Level of
Cooperation: None Willingly cooperates

Risk for Caregiver Characteristics Category:

Comments to Support Rating:

If this assessment changes the previous assessment for caregiver characteristic category, please explain :

E. FAMILIAL, SOCIAL AND ECONOMIC CHARACTERISTICS:

| | |
|---|---|
| Domestic Violence: | No Domestic Violence |
| Economic Resources of Family: | Able to meet family needs |
| Social Support for Family: | Strong family and community support systems |
| Ability to Cope with Daily Life Stressors: | Successfully copes with daily stressors |
| Risk for Familial, Social and Economic Characteristics: | |

Comments to Support Rating:

If this assessment rating changes the previous assessment for familial, social and economic characteristic category, please explain:

III. OVERALL RATING OF RISK

History of Child Maltreatment:
Type and Extent of Current Maltreatment Investigations:
Child Characteristics:
Caregiver Characteristics:
Familial, Social and Economic Characteristics:
Overall Rating of Risk for this Assessment Period:

Comments to Support Rating:

IV. DOES THIS FAMILY NEED FURTHER SERVICES

Explanation for Further Service:

V. AUTHORIZATION

| | |
|------------------------------|---------------------------------|
| Assessor Name: | Supervisor Name: |
| Title: | Date of Supervisor Approval: |
| Date Submitted for Approval: | Date of Status Review Approval: |