



ORPC Social Work Assessment Form

Please fill out this questionnaire for all EPP cases.

1. How many children are named in the petition?
 - Two or Fewer
 - Three or More
2. How old is the youngest child?
 - Less than 1 year old
 - 1 to 6 years old
3. Do you plan to recommend this case be heard in a specialty treatment court (such as FIT or DANSR)?
 - Yes
 - No
4. Does the youngest child have pre-natal exposure to substances?
Substances: Alcohol, Cannabis (e.g. marijuana), Hallucinogens (e.g. LSD, peyote), Inhalants, Opioid (e.g., heroin), Sedatives, hypnotics, or anxiolytics (e.g. Valium, Xanax), Stimulants (cocaine, methamphetamine)
 - Yes
 - No
5. Is the family homeless?
Homeless: The U.S. Department of Housing and Urban Development (HUD) defines homelessness for their program into four categories. The categories are:
 - individuals and families who lack a fixed, regular, and adequate nighttime residence (includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided);
 - individuals and families who will imminently lose their primary nighttime residence;
 - unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and
 - individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.
 - Yes
 - No
6. Is there a history of, or recent, domestic violence in the household?
Domestic Violence: Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.
 - Yes
 - No
7. Is there a history of, or recent, substance use/abuse in household?
 - Yes
 - No
8. Is there a history of, or recent, mental health diagnosis for caretakers?
 - Yes
 - No
9. Does the parent self-report mental health concerns or issues?
 - Yes
 - No
10. Does your client's mental illness impact your ability to communicate with him or her?
 - Yes
 - No
11. Is your client incarcerated?
 - Yes
 - No
12. Does your client have any previous terminations of parental rights?
 - Yes
 - No