

Catholic Social Services

Initial Assessment Form –Social Work

Worker _____

Date _____

Client Name _____

Household members

Adult's _____

Children

Agencies Involved

Person

Phone

Family Supports (helpful or not, eg relationships with parents, in laws, siblings, wider family and friends)

Presenting Issues (What has brought us to this point)

Significant History (brief background and significant life events)

What Works (discovering the clients strengths, eg manage budget, food, get out and about, mange certain aspects of childs behavior etc)

Goals (what do they want to achieve?)

Plan/Contract (How to meet goals and the purpose of this intervention)

Assessment (Summary of what the issues are and the role of the worker)

Other

Procedure re: Confidentiality and sharing of information explained

I understand - information you tell us is confidential except when the safety of others, particularly children, is at risk or for professional supervision Yes/No

I consent for CSS to liaise with other services I am involved with Yes/No

I understand CSS has a procedure for making complaints I can ask to see Yes/No

Signed: Social Worker _____

Signed: Client _____

Updated 16/5/16