

## MONTGOMERY COUNTY MULTI-AGENCY ASSESSMENT TOOL

Name	Medicaid # D.O.B.	DATE
Lead Case Manager/Agency	Effective Date:  FROM:                      TO:	Assessment Date:  Reassessment Date:
Signature:		Closure Date:
<p>Instructions: For each life domain, use the following scale or rate the highest level of strength or need from the past 30 days for the identified youth and family. Absence of a strength is not necessarily a need, but an indication that strength-building activities may be appropriate.</p> <p>Rating Scale:    0 – No evidence of Need/Strengths                      1 – Monitor, Collect more information/ Useful Strength                                     2 – Action Needed/Identified Strength                      3 – Immediate Action Needed/No Strength</p> <p>*Reassessment due every 90 days or more frequently as needed.</p>		
Rating	Life Domains – Discuss strength and/or need	
	Child Strengths:	
	Family Strengths:	
	Cultural/Spiritual:	
	Recreational:	
	Educational:	
	Financial:	

Rating	Life Domains – Discuss strength and/or need
	Medical:
	Trauma:
	Developmental:
	Child Risk Behaviors:
	Behavioral/Emotional:
	Juvenile Justice/Legal:
	Life Functioning/Independent Living:
	Substance Abuse:
	Vocational/Employment: