

**MONTGOMERY COUNTY HUMAN SERVICES PLANNING & DEVELOPMENT
FAMILY-CENTERED SERVICES & SUPPORTS
MULTI-AGENCY ASSESSMENT TOOL**

Reassessments are due every 90 days or more frequently as needed.

Agency:

Assessment Date:

Lead Case Manager Name:

Reassessment Date:

Client's Name:

Closure Date:

Date of Birth:

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.

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

Life Domains (Discuss Need and/or Strength)

Child Strengths: Rating

Family Strengths: Rating

Cultural/Spiritual: Rating

Recreational: Rating

Educational: Rating

Life Domains (Discuss Need and/or Strength) continued

Financial: Rating

Medical: Rating

Trauma: Rating

Juvenile Justice /Legal: Rating

Life Functioning / Independent Living: Rating

Substance Abuse: Rating

Vocational/Employment: Rating

Case Manager's Signature: _____

Date _____