

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

**COMPREHENSIVE ASSESSMENT PLANNING MODEL – I.S.
REUNIFICATION ASSESSMENT**

Section 1: Identifying Information

Case Name:	Case Number:	Court Number:
Agency:	Caseworker:	Caseworker Signature Date:

Reunification is being considered with the following individual(s):

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List the name and age of each child for whom reunification is being considered.

NAME	AGE

Section 2: Assessing Past and Present Safety

A. What were the <u>original</u> safety issues that resulted in the child(ren)'s placement?
Explain:

B. Have the <u>original</u> safety issues been altered or reduced to a sufficient level whereby control within the family is probable?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

C. Were there other safety issues identified after the child(ren) came into placement that necessitated or contributed to the continuation of placement?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

D. Have the safety issues identified in Question C been resolved or reduced sufficiently whereby control within the family is probable?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Explain:		

E. Are parent/guardian/custodian(s) in compliance with court orders?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

Section 3: Assessing Reunification Readiness

A. Does the child(ren) demonstrate an acceptance of the reunification plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

B. Does the parent/guardian/custodian demonstrate an acceptance of the reunification plan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

C. Does the parent/guardian/custodian have the capacity to provide for the child(ren)'s basic needs (e.g., food, clothing, shelter, medical care)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

D. Are the parent/guardian/custodian and/or other household members willing and able to use their protective capacities, resources and strengths to provide sufficient support to the child(ren)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

E. During visits, has the parent/guardian/custodian demonstrated an ability to meet the child's needs for safety in a manner that suggests safety threats are not expected to emerge by the child(ren)'s presence within the family?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

F. Are there any issues or concerns related to other children or adults in the family which may impact the child(ren)'s return?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

G. Describe how family dynamics may change when the child(ren) returns.

Section 4: Reunification Decision

A. Is reunification recommended?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Skip to Section 5)
Explain:	

B. Are interventions needed to support the child(ren)'s reunification?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:	

Section 5: Signatures

Caseworker

Date

Supervisor

Date

Comments:
