

Name: [REDACTED]
ID: [REDACTED]

First Access: [REDACTED]
Last Access: [REDACTED]

Email: [REDACTED]
Tenant: [REDACTED]

Time in City	Time in Assessments	Total Time Spent
4 hrs 34 mins	3 hrs 9 mins	7 hrs 43 mins

FAMILY SUPPORT ASSESSMENT

Progress: 100%

Time Spent: 31 mins

Interviewer Completing this Assessment	Date
[REDACTED]	[REDACTED]

GENERAL FAMILY INFORMATION

Client Full Name		
Candice Conway		
Race/Ethnicity	Age	Marital Status
White/Non-Hispanic	25	SINGLE
Religious Preference		Primary Language Spoken At Home
Unknown		English
Highest Level of Education Completed		
High School Grad		

FINANCIAL

Employment Status	Total Annual Income from Employer
YES	\$544/MONTH
Other Sources of Income	Child Support
CHILD SUPPORT	YES
Rent / Own	Ability to Pay Rent / Mortgage
RENT	NO
Ability to Pay Other Monthly Bills	Total Household Occupants (Include Client)
NO	3

ADULTS IN THE HOME

Name	Relationship
JESSI	BOYFRIEND/BRANDI FATHER
Name	Relationship
NON	NON

Name: [REDACTED]
ID: [REDACTED]

First Access: [REDACTED]
Last Access: 6/4/20

Email: [REDACTED]
Tenant: [REDACTED]

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4 hrs 34 mins	3 hrs 9 mins	7 hrs 43 mins

SUBSTANCES

Smoker YES	Use of Illegal Substances YES
Alcohol Use YES	Abuse of Prescription Medications NON

OTHER

Grocery YES	Food YES	Nutrition Concerns FROZEN FOOD ONLY
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Has client ever been a victim of domestic violence?
NO

Is client currently a victim of domestic violence?
USED TO BE WITH EX HUSBAND

Does the client need to get away from an abusive relationship or harmful situation?
NO

Does the client have concerns about someone threatening or physically hurting them?
NO

Does the client have concerns about harming their children?
NO

Concerns about physical, emotional, or behavioral problems with any of the children?
FATHER ABSENCE

Other Notes
NEED SOME COUNSELING WITH THE CURRENT BOY FRIEND ABOUT SMOKING CESSATION AND DRYG ABUSE

Name: [REDACTED]
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Time in City
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Time in Assessments
3 hrs 9 mins

Total Time Spent
7 hrs 43 mins

CHILDREN IN THE HOME

Child	Age	Gender
BRANDEN	6	MALE

Are Immunizations up to date for this child?	Are there medical issues with this child?
NO INFORMATION	NON

Information about child's father
EX CONVICT

Child Support
YES

Child	Age	Gender
BRANDI	2	FEMALE

Are Immunizations up to date for this child?	Are there medical issues with this child?
NO INFORMATION	NON

Information about child's father
CURRENT BOYFRIEND

Child Support
SOMETIMES

Is client currently pregnant?
YES

How many weeks?	Prenatal care?
24 WEEKS	No

Plans to breastfeed or bottle feed	Information about child's father
NO INFORMATION	JESSI

Child Support
NOT SURE

General Childcare Arrangements / Concerns
CONFUSED, NOT SURE ABOUT THE FATHER

Newborn care
CONFUSED