

Parenting Family Functioning Assessment

Referral ID _____ Referral Start Date: _____

Assessments must include at least 2 appointments, please list appointment dates: _____
& _____

Due 1 Time per client during Initial Meeting, Due Yearly There After

- Consent for service
- HIPAA- Confidentiality statement
- Safety issues and safety plan documentation
- Client bill of rights & responsibility
- Proof that services began within 48 hours of receiving the referral
- AAPI
- Copy of Client Drivers License or State ID
- Tele Health informed consent
- Signed consent for release of information, For DCS & Collateral Contacts
- Emergency Contact Release of Information

Due within 30 days of initial meeting & Update Due every 90 days for the duration of the case.

- Treatment Plan
- Email from referral source authorizing remote services (if applicable)

Due every 1st day of the following month or upon completion of assessment, whichever comes first

- Sign in /out sheets signed by clients
- Completed Parenting Assessment
- Termination/Transition/Discharge Plans
- Copy of Weekly Updates That Were Sent To Referral Source
- Completed professional consultation note. Part time contractors working less than 20 hours per week. Contractor must complete at least four (4) hours of supervision per month. These four (4) hours must be split by weekly. 1 additional supervision hour is required each week if more than 20 hours of service provided. For full time contractors working 40 hours per week. Contractor must complete at least eight (8) hours of supervision per month. Supervision must be completed after 20 hours of service has been provided by the contractor.)**

Due within 30 days every time attended days for the duration of the case

- Court Request & Subpoena (if attended court)
- Team meeting notes (Including CFT & Provider meetings)/ or proof of request for meeting notes from thereferring agent.

Due at case closure

- Proof that client satisfaction survey was sent to the client client (bit.ly/RateMyParentingAssessment)
- Proof that PFFA referral follow up form was sent to FCM, Probation/ Care Coordinator, (bit.ly/PFFAreferralFollowUp) *****Bitly links are case sensitive.