SBC assessment form

	Family Name:
	Date: 03/05/19
	Time: 2',42 p.m.
	Address:
	Phone Number:
	Allegations: Drogate Se & meth /THC / Benzo
	History: No previous SHINES Hx
	8 8
	Household Members (NAME/DOB/SSN):
*	This family is currently in the <u>school-age stage</u> as evidence by the <u>9-year old</u> living in the home. Challenges the family may be faced with in this developmental stage includes: <u>Bed Hite</u> <u>homework</u> <u>thanking</u> <u>tha</u>
	Food Stamps/Medicaid: VES.

SBC assessment form

Safe Sleep/Car Seat Safety: Went over	A Martin production of the analysis		
Child Vulnerability and/or Functioning:			
Health/Medical Problems:			
Allergies N/A			
Doctor:			
Dentist:			
BFa:			
DJJ:			
Walk-thorough of the home when s dh out everyone ung after for a Support/Resources for family:	rng and drugs		
Support/Resources for family: Other family members. Half of family involved in a bad cravel			
Family Members who can help with children/adults in home, if needed (this will be help for your genogram, get as much information you can on paternal and material side);			
MGM/MGF:			
PGM/PGF:			
Discipline used: Time ats, take away trings, spanking (rare)			
How/Why is this child safe: child is in in safe			
Consensus Statement: (No intervention needed or what intervention is needed) No intervention at this time. Collaterals: HIPAA/ROI Signed & uploaded in external docs YS			