

**Hancock County Family and Children First Council
Cross System Risk Screen Tool**

Family Name:	Date:
Child Name:	D.O.B.:
Service Coordinator: (Lead worker/contact):	Agency:

Known Presenting Risks to Child/Youth (in last 30 days unless specified):

<input type="checkbox"/> Suicidal Ideation, Gestures, Attempts (3 pts)	<input type="checkbox"/> Violent Behaviors (toward Others, Animals, Property) (3 pts)	<input type="checkbox"/> Chargeable for Sex Offense (3 pts)
<input type="checkbox"/> Self-Injurious Behavior (2 pts)	<input type="checkbox"/> Hears Voices/Sees Things (2 pts)	<input type="checkbox"/> Fire Setting Current or History (2 pts)
<input type="checkbox"/> Acute Family Crisis or Conflict (2 pts)	<input type="checkbox"/> Victimization: Physical, Emotional, or Sexual – Current or History (2 pts)	<input type="checkbox"/> Verbal/Written Threats to Others (2 pts)
<input type="checkbox"/> Runaway-Current (3 pts) or History (1 pt)	<input type="checkbox"/> Youth's/Family's Lack of Stable Residence/ Homelessness (2 pts)	<input type="checkbox"/> Suspected Abuse in Current Placement (2 pts)
<input type="checkbox"/> Availability of Weapons (2 pts)	<input type="checkbox"/> Parent w/Severe Chronic Illness (2 pts) Identify:	<input type="checkbox"/> Parent w/Drug or Alcohol Problem (2 pts)
<input type="checkbox"/> Aggressive Behaviors (toward Others, Animals, Property) (1 pt)	<input type="checkbox"/> Sexual Acting Out/ Impulsivity-Current (2 pts) or within Last Year (1 pt)	<input type="checkbox"/> Parent w/Chronic/Acute Mental Illness, Dev. Delay, MR (2 pts)
<input type="checkbox"/> Resides in High Crime Neighborhood (1 pt)	<input type="checkbox"/> Drug/Alcohol Use (1 pt)	<input type="checkbox"/> Lack of Caregiver Supervision and/or Monitoring (1 pt)
<input type="checkbox"/> Suspended, Expelled, Dropped out of School (1 pt)	<input type="checkbox"/> Negative Peer Involvement and/or Gang Activity (1pt)	<input type="checkbox"/> Anorexia/Bulimia (1 pt)
<input type="checkbox"/> Known/Suspected Criminal Activity (1 pt)	<input type="checkbox"/> Prejudicial Thinking/ Ideation (1 pt)	<input type="checkbox"/> Truancy (1 pt)
<input type="checkbox"/> Unrestricted Internet Access (1 pt)	<input type="checkbox"/> Impulsive Behavior (1 pt)	<input type="checkbox"/> Limited Ability to Control Anger (1 pt)
<input type="checkbox"/> Depression – Current or History (1 pt)	<input type="checkbox"/> Held Back/Behind in Grade Level within Last 2 Years (1 pt)	<input type="checkbox"/> IEP or 504 Plan in Place? (1 pt)
<input type="checkbox"/> Youth with Severe Chronic Illness (1pt) Identify:	<input type="checkbox"/> Youth with Chronic/Acute Mental Illness, Dev. Delay, MR (1 pt)	<input type="checkbox"/> Difficulty Accepting Supervision/Instruction (1 pt)
		<input type="checkbox"/> Other (describe) (1 pt)
Total Score:	Completed By:	
Information Source:	Relationship to Child/Youth:	

Risk Screen Interpretation

Score of:	Results in following action:
Any 3 pt. item	An Emergency Service Coordination meeting will be held w/in 48 hours. Triage Representative will ensure a meeting occurs.
18+	Level #3 WRAP Facilitator is assigned (if openings are available) when informal case is requesting more support (2-system involvement required)
12-17	Level #2 Service Coordination. Service Coordinator will facilitate family team meetings/service coordination.
1 – 11	Level #1 Information & Referral Family will be linked up with existing services. A Service Coordination team is not indicated Individual will take normal action per their agency to continue providing services for the child, youth, and/or family.

Youth can be rescored at any time, but at least every 6 months.