



Strengths, Needs & Cultural Discovery

Identified Child: _____
 Address: _____
 Parent/Guardian: _____
 Email: _____

Discovery Date: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____

Household Members:

Full Name	Date of Birth	Relation to Client	School/Employer	Grade

Child & Family History:

Educational Concerns	
Medical Concerns	
Behavioral Concerns	
Mental Health Concerns	
Court Involvement	
Abuse/Neglect	
Domestic Violence	
Alcohol/Drug Abuse	



Mental Health Information

Person	Mental Health Providers	Diagnoses	Medications

Other System Involvement: (JFS, Probation, etc.)

Person	System Involved	Contact	

Potential Team Members: (Family, Friends, School, Faith-Based Community, Mental Health, Court, JFS, Community Members, etc.)

Person	Relationship	Contact	

Paperwork Completed:

Date		Date	
	Referral		Receipt of Dispute Resolution Process
	Release & Exchange of Information		Crisis & Safety Plan
	Family Strength Assessment		Risk & Protective Factors
	Child Strength Assessment		Individual Family Service Coordination Plan

Domain	Strengths	Needs
Family		
Friends		
Emotional		
Safety		
Spiritual		
Medical		
Notes		

Domain	Strengths	Needs
Educational		
Leisure/Fun		
Financial		
Legal		
Residence		
Notes		

Describe why this child/family has been brought to the attention of Service Coordinator:

Comment on family culture/values/traditions/routines:

Develop a long range mission: What do you (child/family) need to have a better life? This would be a statement of how a youth and family want their life to be different in the mid to long term (e.g., “We want Bob to remain in school and be included in community and family activities.”) The long-range vision should be jointly determined by the youth and the family.

Additional Comments: