FASTER Program
WMU School of Social Work
1200 Oakland Dr., Kalamazoo, MI
49008 Phone: (269) 387-3104
Fax: (269) 387-3183
evie.a.jefferies@wmich.edu

FASTER Family Assessment Referral

Enrollment Information

Today's Date: _____

Parent Name: _____

Date of Birth: _____

Assigned Gender at Birth: _____ Male _____ Female

Gender Identity: _____ Male _____ Female

_____Non-Binary

Race: (if multiracial please check all that apply)
_____ American Indian
_____ Asian
_____ Black / African American
_____ Hispanic
_____ Native Hawaiian / Pacific Islander
_____ White
_____ Other _____

Second Parent Name (if applicable):

_____

Date of Birth: _____

Assigned Gender at Birth:

_____ Male _____ Female

Gender Identity: _____ Male _____ Female

_____ Non-Binary

Race: (if multiracial please check all that apply)
_____American Indian
_____Asian
_____Black / African American Hispanic
_____Native Hawaiian / Pacific Islander
_____White
_____Other _____

Reason for Referral *(Please describe reason for referral and also list names of people in the family specifically being referred for assessment*):

Contact Information (Please fill out completely)

Referring Person

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent Information

Parent Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Employer: _____

Therapist: _____ Phone: _____

Current Medications and diagnoses _____

_____

_____

Second Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Employer: _____

Therapist: _____ Phone: _____

Current Medications and diagnoses _____

_____

_____

Child(ren) Information

Number of Children in the Household: _____

Child(ren)'s Name Birthdate Current Age Gender Race

_____

_____

_____

_____

Child(ren) Placed with the Parent _____ In a Guardianship _____ In Foster Care _____

Child(ren)'s Placement (caregiver currently living with):

Name:_____

Address:_____

City:_____ State:_____Zip Code: _____

Phone: _____ Email: _____

(If more than one caregiver)

Name:_____

Address:_____

City:_____ State:_____Zip Code: _____

Phone: _____ Email: _____

AUTHORIZATION FOR THE USE, DISCLOSURE, AND EXCHANGE OF PROTECTED HEALTH INFORMATION
WESTERN MICHIGAN UNIVERSITY
FASTER PROGRAM

The HIPM Privacy Rules, which are federal regulations that became effective April I 4, 2003, provide important protections for your health information, including that the University obtain your authorization in certain circumstances. The Privacy Rules apply to the use and disclosure of this protected health information by entities providing medical care and treatment.

I, _____ , _____,
(Please PRINT names of all people who will be assessed) *(Dates of Birth of every person listed)*

hereby authorize the FASTER program, affiliated with Western Michigan University, to release personal health information that the University may have, which may include medical records created or received by medical practitioners, including: records regarding general medical care; alcohol and drug abuse treatment; psychiatric/psychological treatment; trauma assessment information, social work counseling; and information regarding communicable diseases and infections, which may include venereal disease, tuberculosis, HIV, AIDS or AIDS Related Complex, and claims and billing information. I authorize the release of this information to the individuals or organizations listed below only under the conditions listed below.

This Authorization does not extend to psychotherapy records, as that term is defined in the HIPAA Privacy Rules, 45 C.F.R., Section 164.501, to mean notes recorded in any medium by a health care provider who is a mental health professional, documenting or analyzing the contents of conversation during private, joint or group counseling sessions, and which are kept separate from my medical record.

1. ***Please list person(s) or organization(s) with whom disclosure will be exchanged:***

FASTER Program
SAMHSA

2. Specific type of information to be disclosed:
   - [X] All information that may pertain to the child or child's case.
   - [ ] Permission to video record parenting assessment interactions. Video used for clinical purposes only, and will be deleted upon completion of the assessment report.

Other:

3. Purpose or need for disclosure:

_____At the request of the undersigned individual

X ___To complete assessment and final report, provide accurate evaluation of parent and child interaction and evaluation purposes.

Other _____

4. I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, payment for services, enrollment or eligibility for benefits from the University, unless the only reason the University is being requested to provide care or treatment is so that it can create the information to be disclosed to a third party. For example, if I have requested a pre-employment or return to work physical, solely for the purpose of having the results sent to my employer, the University may refuse to provide the exam if I refuse to sign this Authorization permitting the University to disclose the results to my employer.

5. This authorization expires on: _____
Date

6. I understand that I have the right to receive a copy of this Authorization after it has been signed.

7. I understand that I may revoke this Authorization at any time but I must do so in writing to the University by contacting Evie Jefferies at the WMU School of Social Work, 1200 Oakland Drive, Kalamazoo, MI. The revocation will not be effective to the extent that the University has already disclosed the information. I understand that the information disclosed is subject to re-disclosure and will no longer be protected by the federal Privacy Rules, 45 C.F.R. Parts 160 and 164.

_____
Name of Client(s) or Personal Representative

_____
Signature of Client(s) or Personal Representative

_____
Description of Personal Representative's Authority or Relationship to Client(s)

_____
Date

_____
Witness

_____
Date

SOUTHWEST MICHIGAN Children's Trauma Assessment Center

NCTSN The National Child Traumatic Stress Network

Trauma Informed System Initiative

Ages 0–5

CTAC Trauma Screening Checklist: Identifying Children at Risk

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the child's functioning and needs.
Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.

1. Are you aware of or do you suspect the child has experienced any of the following:

_____ Physical abuse
_____ Neglectful home environment
_____ Emotional abuse
_____ Exposure to domestic violence
_____ Exposure to other chronic violence
_____ Sexual abuse or exposure
_____ Parental substance abuse
_____ Impaired parenting (mental illness)
_____ Exposure to drug activity *aside from parental use*
_____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
_____ Lengthy or multiple separations from parent
_____ Placement outside of the home (foster care, kinship care, residential)
_____ Loss of significant people, places etc.
_____ Frequent/multiple moves; homelessness
_____ Other _____

Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.

2. Does the child show any of these behaviors:

_____ Aggression towards self; self-harm
_____ Excessive aggression or violence towards others
_____ Explosive behavior (Going from 0-100 instantly)
_____ Hyperactivity, distractibility, inattention
_____ Excessively shy
_____ Oppositional and/or defiant behavior
_____ Sexual behaviors not typical for age
_____ Difficulty with sleeping, eating, or toileting
_____ Social/developmental delays in comparison to peers
_____ Repetitive violent and/or sexual play (or maltreatment themes)
_____ Unpredictable/sudden changes in behavior (i.e., attention, play)
_____ Other _____

3. Does the child exhibit any of the following emotions or moods:

_____ Excessive mood swings
_____ Frequent, intense anger
_____ Chronic sadness, doesn't seem to enjoy any activities, depressed mood
_____ Flat affect, very withdrawn, seems emotionally numb or "zoned out"
_____ Other _____

4. Does the child have any of the following relational/attachment difficulties:

_____ Lack of eye contact, or avoids eye contact
_____ Sad or empty eyed appearance
_____ Overly friend with strangers (lack of appropriate stranger anxiety)
_____ Vacillation between clinginess and disengagement and/or aggression
_____ Doesn't reciprocate when hugged, smiled at, spoken to
_____ Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it
_____ Has difficulty in preschool or daycare
_____ Other _____

Child's Name or Identifier: _____ **Age:** _____ **Sex:** _____

County/Site: _____ **Race:** _____ **Date:** _____

Henry, Black-Pond, & Richardson (2010), rev: 3/2016 Western Michigan University
Southwest Michigan Children's Trauma Assessment Center (CTAC)

SOUTHWEST MICHIGAN Children's Trauma Assessment Center

NCTSN The National Child Traumatic Stress Network

Trauma Informed System Initiative

Ages 6–18

CTAC Trauma Screening Checklist: Identifying Children at Risk

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the child's functioning and needs.
Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.

1. Are you aware of or do you suspect the child has experienced any of the following:

_____ Physical abuse
_____ Neglectful home environment
_____ Emotional abuse
_____ Exposure to domestic violence
_____ Exposure to other chronic violence
_____ Sexual abuse or exposure
_____ Parental substance abuse
_____ Impaired parenting (mental illness)
_____ Exposure to drug activity *aside from parental use*
_____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
_____ Lengthy or multiple separations from parent
_____ Placement outside of the home (foster care, kinship care, residential)
_____ Loss of significant people, places etc.
_____ Frequent/multiple moves; homelessness
_____ Other _____

Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.

2. Does the child show any of these behaviors:

_____ Aggression towards self; self-harm
_____ Excessive aggression or violence towards others
_____ Explosive behavior (Going from 0-100 instantly)
_____ Hyperactivity, distractibility, inattention
_____ Excessively shy
_____ Oppositional and/or defiant behavior
_____ Sexual behaviors not typical for age
_____ Difficulty with sleeping, eating, or toileting
_____ Social/developmental delays in comparison to peers
_____ Other _____

3. Does the child exhibit any of the following emotions or moods:

_____ Excessive mood swings
_____ Frequent, intense anger
_____ Chronic sadness, doesn't seem to enjoy any activities, depressed mood
_____ Flat affect, very withdrawn, seems emotionally numb or "zoned out"
_____ Other _____

4. Does the child have any of the following problems in school:

_____ Low or failing grades
_____ Attention and/or memory problems
_____ Sudden change in performance
_____ Difficulty with authority/frequent behavior referrals
_____ Other _____

5. Does the child have any relational/attachment difficulties?

_____ Lack of eye contact, or avoids eye contact
_____ Lack of appropriate boundaries in relationships
_____ Does not seek adult help when hurt or frightened
_____ Other _____

Child's Name or Identifier: _____ **Age:** _____ **Sex:** _____

County/Site: _____ **Race:** _____ **Date:** _____

Henry, Black-Pond, & Richardson (2010), rev: 3/2016 Western Michigan University
Southwest Michigan Children's Trauma Assessment Center (CTAC)

SOUTHWEST MICHIGAN Children's Trauma Assessment Center

Adult Trauma Screen

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the individual's functioning and needs.
Note: Endorsing exposure items does not necessarily mean these events have been proven or substantiated; it is for screening purposes only.

1. **Are you aware of or do you suspect the individual had experienced any of the following *as a child (under the age of 18):***

_____ Physical abuse
_____ Neglectful home environment
_____ Emotional abuse
_____ Exposure to domestic violence
_____ Exposure to other chronic violence
_____ Sexual abuse or exposure
_____ Parental substance abuse

_____ Impaired parenting (mental illness)
_____ Exposure to drug activity *aside from parental use*
_____ Displacement/Refugee camps, war zones
_____ Natural disaster or mass trauma

_____ Trafficking including forced prostitution
_____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
_____ Lengthy or multiple separations from primary attachments - parent, other caregivers, siblings or close friends

_____ Placement outside of the home (foster care, kinship care, residential)
_____ Loss of significant people, places. etc.
_____ Frequent/multiple moves; homelessness
_____ International adoption, immigration
_____ Other _____

2. **Are you aware of or do you suspect the individual has experienced any of the following *as an adult (over the age of 18):***

_____ Domestic violence/assault (DV)
_____ Physical abuse/assault *other than DV*
_____ Emotional abuse by partner
_____ Trafficking and/or prostitution
_____ Sexual assault (not included above)
_____ Displacement/Refugee camps, war zones

_____ Incarceration/institutionalization
_____ Military trauma
_____ Loss of significant people, places etc.
_____ Frequent/multiple moves; homelessness
_____ Natural disaster or mass trauma
_____ Other _____

3. **Does the individual show any of these behaviors:**

_____ Minimizes significance of problems and/or shows limited insight
_____ Persistent distrust of others; suspicious
_____ Inappropriate/extreme sexual behavior: overly sexual or avoidant of sexual relationships
_____ Current substance abuse, or history of chronic substance abuse
_____ Unpredictable, explosive responses to events
_____ Repeatedly victimized, or perceives self as being victimized or taken advantage of
_____ Frequent lying, denies things known to be true
_____ Difficulty with memory, organization
_____ Sleep problems
_____ Impulsive, rash behaviors and decisions
_____ Other _____

Richardson, M. & Black-Pond, C. *Adult Trauma Screen*. Western Michigan University Children's Trauma Assessment Center (CTAC), Kalamazoo, MI. August, 2016.

4. **Does the individual exhibit any of the following emotions or moods:**
   _____ Excessive mood swings
   _____ Flat and unemotional; detached
   _____ Emotion doesn't fit situation (too easily crying; laughing at sad things, etc.)
   _____ Sudden changes/shifts in mannerisms and/or level of maturity (like different people)
   _____ Jumpy, nervous, worried, and/or fearful
   _____ Negative, pessimistic
   _____ Other _____

5. **Does the individual have any of the following life problems:**
   _____ Legal problems – e.g., court involvement, suspended license, warrants, owes past child support
   _____ Two or more criminal convictions as an adult
   _____ History of truancy/behavior problems in school/dropping out of high school
   _____ Difficulty keeping a job
   _____ Multiple previous diagnoses as child and/or adult (ADHD, oppositional disorder, bipolar etc.)
   _____ Chronic health problems – e.g., obesity, diabetes, heart problems, high blood pressure
   _____ Frequently sick and/or complains of physical issues, like aches and pains
   _____ Began using substances before age of 14
   _____ Poor physical self-care and/or poor living conditions
   _____ Regular smoking/tobacco use; chronic poor health habits
   _____ Other _____

6. **Does the individual have any of these relationship issues:**
   _____ Lack of appropriate boundaries in relationships – physical touch, poor sense of privacy
   _____ Frequent changes in intimate partners
   _____ Quick to bring others into their life (gets too close to fast), not just sexually
   _____ Repeatedly gets caught up in "drama" with family/friends; frequent conflicts
   _____ Lack of contact with family, or very stressed/strained relationship with family
   _____ Difficulty making and/or keeping friends
   _____ Friends/support have history of criminal, substance abuse, and/or child welfare involvement
   _____ Other _____

Please indicate the following regarding the person for whom the screen was completed:

Age/DOB_____

Sex _____

Race_____

County of Residence _____

* *

Who completed this form? (Agency/position only):

_____ **DATE** _____

Richardson, M. & Black-Pond, C. *Adult Trauma Screen*. Western Michigan University Children's Trauma Assessment Center (CTAC), Kalamazoo, MI. August, 2016.