

FSFN Page:	Family Assessment
Tab Name:	Family Tab
Field Name:	Purpose
	Case Plan Change
	Change in Services
	Change(s) in Family
	Initial
	Judicial Review Update
	New Intake
	New Removal Episode
	Placement Change
	Reunification
	Risk Analysis
	Safety Concern
	Six Month Update
	Termination of Services/Case Closure
	Unsupervised Visitation

FSFN Page:	Family Assessment
Tab Name:	Family Tab
Field Name:	Source Type
	Attorney General
	Caregiver
	Child Protection Team
	Day Care Provider
	Foster Parent
	GAL
	LE
	Mental Health Provider



	Neighbor
	Non-relative
	Other
	Paramour
	Physician
	Relative
	School Officials
	Social Worker

FSFN Page:	Family Assessment
Tab Name:	Family Tab
Field Name:	Method of Contact
	Email
	Face to Face
	Fax
	Mail
	Other
	Telephone

