

**CARE TEAM
INITIAL ASSESSMENT RECORD**

REMEMBER THAT NOT EVERY QUESTION OR ITEM **HAS** TO BE ANSWERED RIGHT AWAY. LISTEN TO THE FAMILY AND BE YOURSELF. THIS FORM IS FOR YOU AND THE CARE TEAM. THANK YOU FOR SAFEGUARDING CONFIDENTIALITY, FOR YOUR KINDNESS, COMPASSION AND GENEROSITY.

SOLDIER'S INFORMATION

NAME AND RANK: _____ COMPANY: _____

THE FACTS: _____

STATUS: WIA KIA UNKNOWN
CAO: _____ PHONE NUMBER: _____
CHAPLAIN'S NAME: _____ PHONE NUMBER: _____
COMMANDER/ REAR D: _____ PHONE NUMBER: _____

CARE TEAM INFORMATION

DATE/TIME CALL RECEIVED: _____/_____
Co. FRG LDR CALLED: _____ ACTIVATION: _____

FAMILY INFORMATION

PRIMARY NEXT OF KIN: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE: _____
LANGUAGE SPOKEN IN THE HOME: _____

CHILDREN IN THE HOME:

NAMES, AGES & SCHOOL/DAYCARE:		PICK-UP NEEDED
(ARE SCHOOLS AWARE?)		
YES/NO	_____	YES/NO
YES/NO	_____	YES/NO
YES/NO	_____	YES/NO
YES/NO	_____	YES/NO
YES/NO	_____	YES/NO

*** ANY SPECIAL NEEDS (MEDICAL, PSYCHOLOGICAL, HANDICAP CONDITIONS? EFMP?)*** _____

ANY ALLERGIES *FOOD/MEDICINES/OTHER* _____

ANY APPOINTMENTS THAT NEED TO BE RESCHEDULED: YES NO

SPIRITUAL/RELIGIOUS SUPPORT: _____
_____PHONE: _____

IMMEDIATE FAMILY:

IN THE LOCAL AREA: YES NO IF NO, WHERE: _____

HAVE THEY BEEN NOTIFIED: YES NO

WILL THEY NEED TRANSPORTATION WHEN ARRIVING: YES NO

WILL THEY NEED HELP IN ARRANGING LODGING: YES NO

HOME ASSESSMENT

MEALS:

MEALS REQUEST/NEEDED: YES NO

PREFERENCES/DISLIKES: _____

DIETARY RESTRICTIONS: _____

HOW MANY PERSONS: _____ ESTIMATED # OF DAYS: _____

PETS:

SPECIES	NAME	NOTES/INSTRUCTIONS
---------	------	--------------------

HOME CARE:

MINOR HOUSE CLEANING REQUESTED: YES NO

LAWN/YARD CARE NEEDED/REQUESTED: YES NO

OTHER:

SPECIAL REQUESTS: _____

NOTES:

ASSESSMENT COMPLETED BY: _____

INITIAL RESPONSE OR GO TEAM MEMBERS: _____
