

**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: \_\_\_\_\_/\_\_\_\_\_  
SFRG ADVISOR/CFRR 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

<b>HOME ASSESSMENT</b>
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**MEALS:**

MEALS REQUEST/NEEDED: YES NO

PREFERENCES/DISLIKES: \_\_\_\_\_

\_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

HOW MANY PERSONS: \_\_\_\_\_ ESTIMATED # OF DAYS: \_\_\_\_\_

**PETS:**

SPECIES	NAME	NOTES/INSTRUCTIONS
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_