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|  | **MISSOURI DEPARTMENT OF SOCIAL SERVICES****CHILDREN’S DIVISION****FAMILY RISK ASSESSMENT MAP** | Family Name: |       | Date:  |       |

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| **Factors Influencing Child Vulnerabilities & Safety Threat****(What are we worried about?)** | **Protective Capacities****(What is working well?)** | **Protective Interventions and Safety Decision****(What needs to happen next?)** |
| **Harm Statement**      | **Existing Strengths**       | **Safety Goals**       |
| **Danger Statement**      |
| **Existing Safety**       | **Next Steps**       |
| **Complicating Factors**       |
| 0 |  | 10 |
| **Case Specific Safety Scaling Question:** **#**  |