RESET

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
FAMILY RISK ASSESSMENT MAP

Family Name: _____ Date: _____

What are we worried about? (Harm & Future Danger)	What's working well? (Strengths & Demonstrated Safety)	What needs to happen? (Safety goals and next steps in working toward safety)
Harm Statement	**Existing Strengths**	**Safety Goals**
Danger Statement	**Existing Safety**	**Next Steps**
Complicating Factors		

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Case Specific Safety Scaling Question:
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