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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:**  **#** | | | | |