



Children's Functional Assessment Rating Scale - Florida Version

Name of Person being evaluated (Optional - required only if needed by your agency or a paper copy is retained in clinical record, please print):

(last) _____ (first) _____ (mi) _____

SSN of Person being evaluated (Required):

____ / ____ / ____

Date of Birth (Required): ____ / ____ / ____
mm dd yyyy

Provider Agency Tax ID (Required): _____

Sub-contractor Tax ID (if CFARS done by Sub): _____

Gender: (Required) Male Female

Date of Assessment (Required): ____ / ____ / ____
mm dd yyyy

Purpose of Evaluation

DCF Outcomes Report (Required) mark only one	Program Evaluation (Optional)
<input type="checkbox"/> Admission to Provider	<input type="checkbox"/> Admission to Program
<input type="checkbox"/> Post Admission Evaluation (e.g., six months, annual, etc.)	<input type="checkbox"/> 6 Months After Admission to Program
<input type="checkbox"/> Discharge from Provider	<input type="checkbox"/> Annually After Admission to Program
<input type="checkbox"/> Administrative/Immediate Discharge	<input type="checkbox"/> Planned Discharge from, or Transfer to another Program within agency
<input type="checkbox"/> None of the above	<input type="checkbox"/> Administrative/Immediate Discharge
	<input type="checkbox"/> None of the above

DSM-IV Code for Primary Diagnosis (Optional): ____ . ____

DSM-IV Code for Secondary Diagnosis (Optional): ____ . ____

Substance Abuse History (Required)

This person indicates they have abused drugs or alcohol within past six months:

Yes ___ No ___

CFARS Rater's Notes (Optional):

CFARS Rater Information

Educational Category of CFARS Rater

(Please refer to DCF Pamphlet 155-2 for complete descriptions of each category)

Mark Only One Category:	__(01) Non-degree tech.	__(02) AA degree tech.
__(03) Unlicensed Bachelor's degree	__(04) Unlicensed Master's degree	__(05) Licensed CSW/MFT/MHC/AARNP/PA
__(06) Ph.D., Ed.D. or Licensed Psychologist	__(07) M.D., D.O. Licensed Board Certified Psychiatrist	

Nine Digit Certified CFARS Rater ID Number of person completing the Problem Severity Ratings on the back of this form (Required):
(note: free training and certification available at <http://outcomes.fmhi.usf.edu>)

____ - ____ - ____

Signature of CFARS Rater: (Optional - required only if needed by your agency or a paper copy is retained in clinical record):

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CFARS Problem Severity Ratings

Use the following 1 to 9 scale to rate the child's current (within last 3 weeks) problem severity for each functional domain listed below. Place your rating number on the line to the right of the Domain name. Also, using the list below each domain rating, place an "X" mark next to the adjectives or phrases that describe the child's symptoms or assets. (Refer to CFARS User's Manual for instructions...available at <http://outcomes.fmhi.usf.edu>)

1	2	3	4	5	6	7	8	9
No Problem	Less than Slight	Slight Problem	Slight to Moderate	Moderate Problem	Moderate to Severe	Severe Problem	Severe to Extreme	Extreme Problem
Depression				Anxiety				
Depressed Mood	Happy	Sleep Problems		Anxious/Tense	Calm		Guilt	
Sad	Hopeless	Lacks Energy/Interest		Phobic	Worried/Fearful		Anti-Anxiety Meds	
Irritable	Withdrawn	Anti-Depression Meds		Obsessive/Compulsive	Panic			
Hyperactivity				Thought Process				
Manic	Inattentive		Agitated	Illogical	Delusional		Hallucinations	
Sleep Deficit	Overactive/Hyperactive		Mood Swings	Paranoid	Ruminative		Command Hallucination	
Pressured Speech	Relaxed		Impulsivity	Derailed Thinking	Loose Associations		Intact	
ADHD Meds	Anti-Manic Meds			Oriented	Disoriented		Anti-Psych. Med.	
Cognitive Performance				Medical / Physical				
Poor Memory		Low Self-Awareness		Acute Illness	Hypochondria		Good Health	
Poor Attention/Concentration		Developmental Disability		CNS Disorder	Chronic Illness		Need Med./Dental Care	
Insightful		Concrete Thinking		Pregnant	Poor Nutrition		Enuretic/Encopretic	
Impaired Judgment		Slow Processing		Eating Disorder	Seizures		Stress-Related Illness	
Traumatic Stress				Substance Use				
Acute		Dreams/Nightmares		Alcohol	Drug(s)		Dependence	
Chronic		Detached		Abuse	Over the Counter Drugs		Cravings/Urges	
Avoidance		Repression/Amnesia		DUI	Abstinent		I.V. Drugs	
Upsetting Memories		Hyper vigilance		Recovery	Interfere w/Functioning		Med. Control	
Interpersonal Relationships				Behavior in "Home" Setting				
Problems w/Friends		Diff. Estab./Maintain		Disregards Rules		Defies Authority		
Poor Social Skills		Age-Appropriate Group		Conflict w/Sibling or Peer		Conflict w/Parent or Caregiver		
Adequate Social Skills		Supportive Relationships		Conflict w/Relative		Respectful		
Overly Shy				Responsible				
ADL Functioning				Socio-Legal				
Handicapped		Not Age Appropriate In:		Disregards Rules	Offense/Property		Offense/Person	
Permanent Disability		Communication	Self-Care	Fire setting	Comm. Control/Reentry		Pending Charges	
No Known Limitations		Hygiene	Recreation	Dishonest	Use/Con Others(s)		Incompetent to Proceed	
		Mobility		Detention/Commitment			Street Gang Member	
Select: Work / School				Danger to Self				
Absenteeism	Poor Performance	Regular		Suicidal Ideation	Current Plan		Recent Attempt	
Dropped Out	Learning Disabilities	Seeking		Past Attempt	Self-Injury		Self-Mutilation	
Employed	Doesn't Read/Write	Tardiness		"Risk-Taking" Behavior	Serious Self-Neglect		Inability to Care for Self	
Defies Authority	Not Employed	Suspended						
Disruptive	Terminated/Expelled	Skips Class						
Danger to Others				Security/Management Needs				
Violent Temper		Threatens Others		Home w/o Supervision	Suicide Watch			
Causes Serious Injury		Homicidal Ideation		Behavioral Contract	Locked Unit			
Use of Weapons		Homicidal Threats		Protection from Others	Seclusion			
Assaultive		Homicide Attempt		Home w/Supervision	Run/Escapes Risk			
Cruelty to Animals		Accused of Sexual Assault		Restraint	Involuntary Exam/Commitment			
Does Not Appear Dangerous to Others		Physically Aggressive		Time-Out	PRN Medications			
				Monitored House Arrest	One-to-One Supervision			