



Texas Department of  
**Family and Protective Services**

# Perform Monthly Evaluation Overview

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# Perform Monthly Evaluation – Overview

The **Contact Detail** page and narrative for the **CVS Monthly Evaluation/Assessment Report** have been changed so you can prefill the Parent(s) Information section of the **CVS Monthly Evaluation/Assessment Report** by selecting parents from a new table on the **Contact Detail** page. If you change the contact information that is prefilled in the report, the same information is updated at the source when you select the **Save** icon in the report toolbar.

## Contact Detail Page – New Look

There have been updates to the **Contact Detail** page for **CVS Monthly Evaluation** type.

The contact **Time** field has been removed. Also, the **Contact/Summary Type** section displays a new table: **Select Parents for Evaluation**.

The checkboxes in the table let authorized workers select person(s) to appear in the **Parent(s) Information** section in the **Evaluation** section of the **CVS Monthly Evaluation/Assessment Report**, which applies to the **Family Substitute Care (FSU)**, **Family Reunification (FRE)**, and **Substitute Care (SUB)** stages.

**Stages Impacted:** FSU, FRE, and SUB

## Contact Detail Page – How to Get There



Follow these steps to examine the changes to the **Contact Detail** page:

1. From the **Assigned Workload** page in the **My Tasks** tab, select a **Stage Name** hyperlink for a case.
2. You will arrive at the **Case Summary** page.
3. Select **Contacts/Summaries** on the secondary menu.

The screenshot shows the 'Case Summary' page with a secondary menu on the left. The 'Contacts/Summaries' option is highlighted with a red box. The main content area displays case information and a table of contacts.

Map	M-Fid	Stage Name	Stg	Type	Opened	Time	Closed	Primary	Page	Page ID	Dr Disp	Phone
			SUB	REC	10-30-2018				00			
			FSU	REC	11-16-2018				00			
			SUB	REC	10-30-2018				00			

4. You will arrive at the **Contact Detail** page.

Name	Type	Role	Relationship
<input type="checkbox"/>	Principal	No Role	Kidnap
<input type="checkbox"/>	Principal	No Role	Child Victim
<input type="checkbox"/>	Principal	No Role	Parent

## Select Parents for Evaluation Table for Parent(s) Information

You no longer have to manually enter the **Parent(s) Information** section of the **CVS Monthly Evaluation/Assessment Report**. A new **Select Parents for Evaluation** table has been added to the **Contact Detail** page that allows you to select the parents to be prefilled into the **Parent(s) Information** section of the report.

1. At the **Contact Detail** page, select "CVS Monthly Evaluation" from the **Type** dropdown.
2. Provide the information for the **Contact Date**, **From**, and **To** fields.
3. In the new **Select Parents for Evaluation** table, select the checkbox(es) that correspond to the person(s) you will be evaluating and want to appear in the **Parent(s) Information** section of the **CVS Monthly Evaluation/Assessment Report**.
4. Select the **Save** button.
5. Select the **Narrative** button to open the evaluation.
6. Recognize that the person(s) you selected in the **Select Parents for Evaluation** table on the **Contact Detail** page now are prefilled in the **Parent(s) Information** section of the evaluation.



Texas Department of  
**Family and Protective Services**

# Perform Monthly Evaluation- Evaluation Assessment Report

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# Narrative for CVS Monthly Evaluation/Assessment Report – New Layout

The former **CPS Monthly Evaluation/Assessment Report** is now named **CVS Monthly Evaluation/Assessment Report**.

The **Narrative** for the **CVS Monthly Evaluation/Assessment Report** has a new layout that features prefilled, renamed, and entirely new fields.

Selecting the **Save** icon on the report toolbar updates the saved information at the source on each associated contact narrative, and those changes will be locked to editing when the **CVS Monthly Evaluation/Assessment Report** is approved.

**Stages Impacted:** FSU, FRE, and SUB

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## CVS Monthly Evaluation/Assessment Report – How to Get There

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Follow these steps to examine the changes to the **Narrative** page:

1. From the **Assigned Workload** page in the **My Tasks** tab, select a **Stage Name** hyperlink for a case.
2. You will arrive at the **Case Summary** page.
3. Select **Contacts/Summaries** on the secondary menu.
4. You will arrive at the **Contact Detail** page.
5. Select **CVS Monthly Evaluation** from the **Type** dropdown.
6. Provide the information for the **Contact Date, From,** and **To** fields.
7. In the new **Select Parents for Evaluation** table, select the checkbox(es) that correspond to the person(s) you will be evaluating and want to appear in the **Parent(s) Information** section of the **CVS Monthly Evaluation/Assessment Report**.
8. Select the **Save** button.
9. Select the **Narrative** button to open the evaluation.



**Note:** You must select the **Save** button before selecting the **Narrative** button or an error message will display.

- Case Summary
- Person
- Contacts/Summaries
- Service Authorization
- Legal
- Medical Information
- Family Plans
- Medical
- Case Management

Contact History
Contact Detail

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**Contact/Summary Type**

Type: CVS Monthly Evaluation

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**Contact Information**

Contacted By: [Redacted]

Contact Date: 01/21/2019

Estimated Time with Client: Hours:  : Mins:

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**Contact Summary Period**

From: 01/21/2019 To: 01/21/2019

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**Select Parents for Evaluation**

Name	Type	Role	Relationship
<input type="checkbox"/>	Principal	No Role	Other/None
<input type="checkbox"/>	Principal	No Role	Other/None
<input checked="" type="checkbox"/>	Principal	No Role	None

---

**Notes**

Notes:

Format:

10. You will arrive at the CVS Monthly Evaluation/Assessment Report.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Case Name: [Redacted]

Case #: [Redacted]

CVS MONTHLY EVALUATION/ASSESSMENT REPORT

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Date From: 01/21/2019

Date To: 01/21/2019

---

Caseworker: [Redacted]

County: HARRIS

---

Supervisor: [Redacted]

Office: Houston

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Evaluation

Child(ren) Information

Children Name	Last CVS Monthly Required (FTF)	Next Court Hearing	Last CPDS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Dental Checkup	Authorized Service LOC	Authorized Service LOC Date	Last CANS Assessment
[Redacted]								

**Child Information:**

*Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the text field.*

**Evaluation**

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School Programs: \_\_\_\_\_

Specify 504 Accommodations: \_\_\_\_\_

Last ARD Meeting: \_\_\_\_\_

**Narrative**

Services provided to the child: \_\_\_\_\_



# CVS Monthly Evaluation/Assessment Report – Revisions and Additions

1. Recognize that the report is now renamed **CVS Monthly Evaluation/ Assessment Report** from the Legacy title, **CPS Monthly Evaluation/ Assessment Report**.
2. Recognize, too, that the report lists a new **Evaluation** heading before the **Child(ren) Information** heading.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Case Name: [REDACTED]  
Case #: [REDACTED]

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

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Date From: 01/21/2019      Date To: 01/21/2019

Caseworker: [REDACTED]      County: HARRIS

Supervisor: [REDACTED]      Office: Houston

---

**Evaluation**

**Child(ren) Information**

Children Name	Last CVS Monthly Required (FIT)	Next Court Hearing	Last CPS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Dental Checkup	Authorized Service LOC	Authorized Service LOC Date	Last CANS Assessment
[REDACTED]								

**Child Information:**

*Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the tool field.*

[REDACTED]

**Education**

School Name:

Grade:

School Programs:

Specify 504 Accommodations:

Last ARD Meeting:

**Narrative**

Services provided to the child:

# Child(ren) Information Section – Revisions and Additions

1. Recognize that the **LAST CPOS** date column now prefills with the most recent date with an **Approved** status from the **Date Created** column in the **Child's Service Plan List** page.
2. Recognize that the **Last Annual Medical** column header has been renamed to **TX Health Steps Medical Checkup**.
3. Recognize that the **Last 6 Mo Dental** column header has been renamed to **TX Health Steps Initial or 6 Month Dental Checkup**.
4. Locate the new column labeled **Last CANS Assessment**. At present, this column is neither pre-filled nor editable. It is intended for future use.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Case Name: [REDACTED]  
Case #: [REDACTED]

CVS MONTHLY EVALUATION/ASSESSMENT REPORT

Date From: 01/21/2019      Date To: 01/21/2019

Caseworker: [REDACTED]      County: HARRIS

Supervisor: [REDACTED]      Office: Houston

**Evaluation**

**Child(ren) Information**

Children Name	Last CVS Monthly Required (FTF)	Next Court Hearing	Last CPOS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Dental Checkup	Authorized Service LOC	Authorized Service LOC Date	Last CANS Assessment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Child Information:**

*Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the tool field.*

**Education**

School Name: [REDACTED]

Grade: [REDACTED]

School Programs: [REDACTED]

Specify 504 Accommodations: [REDACTED]

Last ARD Meeting: [REDACTED]

**Narrative**

Services provided to the child: [REDACTED]

5. Identify the following revised instructional text for **Child Information**.

6. Recognize that each child's name displays below the revised text.

*"Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the text field."*



**Note:** The child's name prefills for each of the child names from the **Child(ren) Information** table in the **Evaluation** section of the **CVS Monthly Evaluation/Assessment Report**.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Case Name: [REDACTED]  
Case #: [REDACTED]

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

Date From: 01/21/2019 Date To: 01/21/2019  
Caseworker: [REDACTED] County: HARRIS  
Supervisor: [REDACTED] Office: Houston

**Evaluation**

**Child(ren) Information**

Children Name	Last CVS Monthly Required (FTF)	Next Court Hearing	Last CPDS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Dental Checkup	Authorized Service LOC	Authorized Service LOC Date	Last CANS Assessment
[REDACTED]								

Child Information:

*Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the text field.*

Education

School Name:  
Grade:  
School Programs:  
Specify 504 Accommodations:  
Last ARD Meeting:  
Narrative

Services provided to the child:

## Education – Newly Added Sections

1. Locate the newly added **Education** section. The following fields will display:
  - **School Name** - Prefills with the most recent school name from the **Education Detail** page for the child.
  - **Grade** - Prefills with the grade for the most recent enrolled information from the **Education Detail** page for the child.
  - **School Programs** - Prefills with the most recent school programs information from the **Education Detail** page for the child.
  - **Specify 504 Accommodations** - Prefills with the most recent Specify 504 Accommodations information from the **Education Detail** page for the child.
  - **Last ARD Meeting** - Prefills with the most recent last Admissions, Review, and Dismissal (ARD) Committee meeting information on the **Education Detail** page for the child.



**Note:** If the **Education** section contains incorrect information, you will need to correct the information on the **Education Detail** page.

TELECOMMUNICATIONS OF FAMILY AND PROTECTIVE SERVICES

Case Name: [REDACTED]  
Case #: [REDACTED]

CVS MONTHLY EVALUATION/ASSESSMENT REPORT

DATE TIME:	ACTIVITY:	DATE TIME:	ACTIVITY:
Duration:	Location:	Group:	WEEK:
SUBJECT:	OFFER:	OFFER:	OFFER:

**Evaluation**

**CHILD(REN) INFORMATION**

Child's Name	Last Child Monthly Report (CIR)	Last Dual Meeting	Last EPSC	TR Health Plan Medical Coverage	TR Health Report Initial or Final Detail Update	Admission Review LOC	Collateral Review LOC Date	Last CWR Assessment
[REDACTED]								

CHILD INFORMATION

Provide the information in this section when the report is required to be filed in compliance with statute. The field is blank if no report is required to be filed. When you enter data in this section, you are certifying that you have reviewed the information and believe it to be accurate. You are also certifying that you have reviewed the information and believe it to be accurate. You are also certifying that you have reviewed the information and believe it to be accurate. You are also certifying that you have reviewed the information and believe it to be accurate.

**Education**

School Name:

Grade:

School Programs:

Specify 504 Accommodations:

Last ARD Meeting:

## Child's Narrative – Newly Added Section

1. Recognize the free-text **Narrative** box that appears for each child. The box displays the following prompting text:
  - Services provided to the child:
  - Services to be provided to the child:
  - Well-being of the child:

- Child's Safety:
- Medical:
- Social:
- Education:
- Supports (family, mentors, friends):
  - *Permanency goals:*
  - *Sibling Visitation (if applicable):*
  - *Needs of the caregiver:*

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Case Name: \_\_\_\_\_  
Case #: \_\_\_\_\_

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

Date From: 03/08/2019 Date To: 03/08/2019

Caseworker: \_\_\_\_\_ County: ERATH  
Supervisor: \_\_\_\_\_ Office: Stephenville

**Evaluation**

**Child(ren) Information**

Children Name	Last CVS Monthly Required (FTF)	Next Court Hearing	Last CPOS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Dental Checkup	Authorized Service LOC	Authorized Service LOC Date	Last CANS Assessment
_____								
_____		01/14/2019	01/02/2019	12/08/2017	06/26/2018	Basic	10/25/2017	

**Child Information:**  
Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the text field.

**Education**  
School Name:  
Grade:  
School Programs:  
Specify 504 Accommodations:  
Last ARD Meeting:

**Narrative**

- Services provided to the child:
- Services to be provided to the child:
- Well-being of the child:
  - Child's Safety:
  - Medical:
  - Social:
  - Education:
  - Supports (family, mentors, friends):
- Permanency goals:
- Sibling Visitation (if applicable):
- Needs of the caregiver:

# Parent Information Section – Revisions and Additions

1. Recognize the **Parent(s) Information** section is prefilled with the person(s) selected from the **Select Parents for Evaluation** table on the **Contact Detail** page.
2. Recognize the **Last FPOS** date column now prefills with the last Family Plan of Service (FPOS) date (regardless of stage) with an Approved status.
3. Identify the change for the **Last FPOS Stage**, which prefills with the value of the stage for the most recent and approved FPOS where the person identification (PID) of either the Primary or Secondary Parent matches the PID of the person listed on the row.
4. Identify the new column for **Last FSNA**, which prefills with the value from the most recent and approved FSNA where the PID of either the Primary or Secondary Parent matches the PID of the person listed on the row.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

Case Number: [REDACTED]  
Case ID: [REDACTED]

Case Name: [REDACTED]      Date: [REDACTED]      STAT DATE: [REDACTED]  
 Case Number: [REDACTED]      County: [REDACTED]      STAT DATE: [REDACTED]  
 Agency: [REDACTED]      Other: [REDACTED]      Reason: [REDACTED]

**Child(ren) Information**

CHILD'S NAME	CHILD'S BIRTH DATE (MM/DD/YYYY)	LAST DATE REVIEWED	STATUS	LAST FPOS DATE (MM/DD/YYYY)	LAST FPOS STAGE	LAST FPOS APPROVED DATE (MM/DD/YYYY)	LAST FPOS REVIEWED DATE (MM/DD/YYYY)	LAST DATE ASSESSED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Parent(s) Information**

PERSON'S NAME	PERSON'S BIRTH DATE (MM/DD/YYYY)	LAST FPOS DATE (MM/DD/YYYY)	LAST FPOS STAGE	LAST FPOS APPROVED DATE (MM/DD/YYYY)	LAST FPOS REVIEWED DATE (MM/DD/YYYY)	LAST DATE ASSESSED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Parent(s) Information**

[REDACTED]

**Parent(s) Information**

[REDACTED]

**Parent(s) Information**

[REDACTED]

5. Identify the revised instructional text for Parent(s) Information:
6. Recognize that the parent's names display below the revised text.

*"Review the information in the above Parent Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. Additional parent related information should be provided in this area, when necessary. In the parent fields below, document any new information about the parent that occurred within the review period. Evaluate the overall progress of the parent in the past month that include the areas outlined in the body of the text field."*



**Note:** The parent's name prefills with each parent name from the **Parent(s) Information** table in the **Evaluation** section of the **CVS Monthly Evaluation/Assessment Report**.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

Case Number: [REDACTED]  
 Case Title: [REDACTED]

Child Name: [REDACTED] Date of Birth: [REDACTED]  
 Case Manager: [REDACTED] County: [REDACTED]  
 Agency: [REDACTED] Office: [REDACTED] Division: [REDACTED]

**Child(ren) Information**

CHILD'S NAME	DATE OF BIRTH	DOB LAST 4 DIGITS	DOB FULL	DOB MONTH	DOB DAY	DOB YEAR	DOB TIME	DOB PLACE	DOB COUNTRY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Child(ren) Evaluation**

Check the progress of the above CVS monthly tasks to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. Additional parent related information should be provided in this area, when necessary. In any parent table history document any new information about the parent that occurred within the review period. Evaluate the overall progress of the parent in the past month that include the areas outlined in the body of the text field.

**Parent(s) Information**

Parent Name	DATE OF BIRTH	DOB LAST 4 DIGITS	DOB FULL	DOB MONTH	DOB DAY	DOB YEAR	DOB TIME	DOB PLACE	DOB COUNTRY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Parent(s) Evaluation**

Check the progress of the above CVS monthly tasks to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. Additional parent related information should be provided in this area, when necessary. In any parent table history document any new information about the parent that occurred within the review period. Evaluate the overall progress of the parent in the past month that include the areas outlined in the body of the text field.

History: [REDACTED]

**Evaluation Item Identified**

Check the status of the identified evaluation items from case history. Evaluate case completion, completion, and the appropriate status response for completion status. Evaluate status with the relevant date, time, and completion of all processing goals.

History: [REDACTED]

# Parent's Narrative – Newly Added Section

1. Recognize the free-text **Narrative** box that appears for each parent. The box displays the following prompting text:

- *Family needs:*
- *Services provided to the parents:*
- *Services to be provided to the parents:*
- *Supports (family, mentors, friends, community resources):*
- *Parent's progress towards meeting service plan goals:*
- *Parent's engagement in visitation:*
- *Assess barriers to Reunification:*
- *Progress of DFPS in meeting the service plan goals:*

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES  
 Case Name: \_\_\_\_\_  
 Case #: \_\_\_\_\_

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

Date From: 03/08/2019 Date To: 03/08/2019

Caseworker: \_\_\_\_\_ County: TYLER  
 Supervisor: \_\_\_\_\_ Office: Woodville

Evaluation

Child(ren) Information

Children Name	Last CVS Monthly Required (FTF)	Next Court Hearing	Last CPOS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Dental Checkup	Authorized Service LOC	Authorized Service LOC Date	Last CAN S Assessment
_____		12/21/2018				Basic	12/12/2018	

Child Information: Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in appropriate fields within IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the text field.

Education

School Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 School Programs: \_\_\_\_\_  
 Specify 504 Accommodations: \_\_\_\_\_  
 Last ARD Meeting: \_\_\_\_\_

Narrative

- Services provided to the child
- Services to be provided to the child
- Well-being of the child:
  - Child's Safety:
    - Medical
    - Social
    - Education
  - Supports (family, mentors, friends)
- Permanency goals
- Sibling Visitation (if applicable)
- Needs of the caregiver

Parent(s) Information

Parent Name	Last CVS Monthly Required (FTF)	Last FPOS	Last FPOS Stage	Last FSNA
_____				

Review the information in the above Parent Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. Additional parent related information should be provided in this area, when necessary. In the parent fields below, document any new information about the parent that occurred within the review period. Evaluate the overall progress of the parent in the past month that include the areas outlined in the body of the text field.

Narrative

- Family needs:
- Services provided to the parents:
- Services to be provided to the parents:
- Supports (family, mentors, friends, community resources):
- Parent's progress towards meeting service plan goals:
- Parent's engagement in visitation:
- Assess barriers to Reunification:
- Progress of DFPS in meeting the service plan goals:





# Contact Information for Case Section – Revisions and Deletions

1. Recognize each contact will be listed in chronological order.
2. The following contacts will be no longer displayed as part of the **CVS Monthly Evaluation/Assessment Report**:
  - Closing Summary
  - Transfer Summary
3. The **Notification Information for Case** section has been removed from the new version of the **CVS Monthly Evaluation/Assessment Report**.
4. Identify the new field **Contacted By**. This field will prefill with the "Contacted By" person from the **Contact Detail** page.
5. Recognize **Sibling Visit and Est. Time With Client(s)** has been moved to a new location for contact narrative.
6. Recognize when "CVS Monthly Required (FTF)" appears in the **Purpose** field, the text will be bolded.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Case Name: [REDACTED]  
Case #: [REDACTED]

**CVS MONTHLY EVALUATION/ASSESSMENT REPORT**

Date From: 03/01/2019 Date To: 03/12/2019  
 Caseworker: [REDACTED] County: MONTGOMERY  
 Supervisor: [REDACTED] Office: Conroe

Evaluation

CHILDREN Name	Last CVS Monthly Required (FTF)	Next Court Hearing	LAST CPOIS	TX Health Steps Medical Checkup	TX Health Steps Initial or 6 Month Center Checkup	Authorized Service LOC	Authorized Service LOC Date	LAST CAS'S Assessment
			10/23/2018	09/27/2018	09/26/2018	Removal	10/01/2018	

**Child Information:**  
 Review the information in the above Child Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. In the child fields below, document any new information about the child that occurred within the review period. Evaluate the overall progress of the child (in care or at home) in the past month that include the areas outlined in the body of the text field.

**Education:**  
 School Name:  
 Grade:  
 School Programs:  
 Specify 504 Accommodations:  
 Last IAD Meeting:

**Narrative:**  
 Services provided to the child:  
 Services to be provided to the child:  
 Well-being of the child:  
 Child's safety:  
 Health:  
 School:  
 Education:  
 Supports (family, mentors, friends):  
 Permanency goals:  
 Sibling visitation (if applicable):  
 Needs of the caregiver:

Parent Name	Last CVS Monthly Required (FTF)	Last FPOIS	Last FPOIS Stage	LAST FPOIS
[REDACTED]				

**Parent(s) Information:**  
 Review the information in the above Parent Information table to ensure it reflects all completed case actions. If a field is blank or incorrect information is listed, either document the task in IMPACT or provide comments below to explain the reason that the action has not yet been accomplished. Additional parent related information should be provided in this area. When necessary, in the parent fields below, document any new information about the parent that occurred within the review period. Evaluate the overall progress of the parent in the past month that include the areas outlined in the body of the text field.

**Narrative:**  
 Family needs:  
 Services provided to the parents:  
 Services to be provided to the parents:  
 Supports (family, mentors, friends, community resources):  
 Parent's progress (through healthy service plan goals):  
 Parent's engagement in visitation:  
 Assess barriers to reunification:  
 Progress of CPSIS in meeting the service plan goals:

Plan

**Plan/Action Items Identified:**  
 Based on the above evaluation of the child(ren) and parent(s), the following action items have been identified. Describe tasks to be accomplished, timelines, and the appropriate parties responsible for completion of the task. Tasks should address the needs of the child, family caregiver and accomplishment of permanency goals.

**Narrative:**

**Contact Information for Case**

Contact Date and Time: 03/01/2019 08:00 PM	Contact ID: [REDACTED]	Contact Type: Contact
Attempted: No	Location: [REDACTED]	Purpose: Assessment
Method: Face to Face	Narrative: No	Contacted By: [REDACTED]
Sibling visit: No	Est. Time With Client(s): Hours: 0, Mins: 0	
Reason: Contact		
CONTACT NARRATIVE: [REDACTED]		