

**Family Reunification Assessment**  
Michigan Department of Human Services

<b>Household Assessed:</b>		<b>Assessment Date:</b>
<b>County Name:</b>	<b>DHS Worker Name:</b>	<b>DHS Load Number:</b>
<b>POS Worker:</b>	<b>POS Agency:</b>	
<b>Child Information:</b> (Name / Case # / log id)		

**A. CPS Investigation/Preponderance of Evidence Incident this Period?**

**Explanation:**

**B. Individual Barrier Reduction:**

Barrier Name and Code	Primary Barriers to Reunification

**C. Overall Barrier Reduction**

Has parent/caretaker made progress in addressing barriers that reduce the risk of subsequent harm in the child is returned home?

**D. Parenting Time Assessment**

Parenting Time Compliance:

**E. Reunification Assessment Narrative**

**F. Is Safety Assessment of this household required?**

**G. Safety Assessment Results**

**H. Permanency Planning Policy Recommendation**

Override?

Override Reason

Placement Override Recommendation

Permanency Plan Override Recommendation

**I. Recommendations for the child(ren)**

Child Name	Recommendation

CFC Worker Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_

CFC Worker Name:

Supervisor Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_

Supervisor Name:

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AUTHORITY: P.A. 280 of 1939.  
RESPONSE: Voluntary.  
PENALTY: None