PM Form 3.5.5
CFT Strengths, Needs and Cultural Discovery

Child/Adolescent
Name: ___________________ Date/Revision Date: __________

Narrative: (Narrative is the family’s story which highlights strengths, needs, culture, & their vision of life after completing behavioral health services. Please consider the following life domains: residence, social, health, spirituality, emotional, legal, financial, educational/vocational, medical, behavioral/emotional/psychological, safety, recreational). In addition, please remember that this is an on-going document, which should reflect the family’s growth and progress over time. Be sure to date and sign updates.

Author’s Name/Title: ____________________________________________________________

Author’s Signature ___________________ Date Completed/updated _______

Child/Adolescent’s Signature ____________________

Parent/Guardian’s Signature __________________________

PM Form 3.5.5
Effective Date: 02/15/2007
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Narrative continuation