

ONTARIO PROVINCIAL DATA SET FOR BCFPI AND CAFAS

BCFPI	Required	Do Not Export
CHILD - Basic Demographics		
<input type="checkbox"/> Client's First & Last Name	X	X
<input type="checkbox"/> Client ID Number	X	
<input type="checkbox"/> Address		
<input type="checkbox"/> Phone		
<input type="checkbox"/> Date of Birth	X	
<input type="checkbox"/> Sex	X	
<input type="checkbox"/> Agency Name	X	
<input type="checkbox"/> Referral Date	X	
<input type="checkbox"/> Admission Date	X	
<input type="checkbox"/> Discharge Date	X	
<input type="checkbox"/> Stage of Service	X	
<input type="checkbox"/> Date Form Completed	X	
<input type="checkbox"/> Informant Type	X	
<input type="checkbox"/> Name of Parent (s)		
<input type="checkbox"/> Address of Parent (s)		
<input type="checkbox"/> Phone of Parent (s)		
<input type="checkbox"/> Consent to contact for follow-up		
BASIC BACKGROUND QUESTIONS		
<input type="checkbox"/> Single Parent / or with Partner	X	
<input type="checkbox"/> Language Most Used in Home (pick list below)	X	
<input type="checkbox"/> Parent's Highest Level of Education	X	
<input type="checkbox"/> Spouse's Highest Level of Education	X	
<input type="checkbox"/> Family Income in Past Year	X	
<input type="checkbox"/> Primary source of family income	X	
BCFPI Subscales (All questions in these sections)		
Mental Health		
Regulation of Atten., Impuls., and Activity	X	
Cooperativeness	X	
Conduct	X	
Separation from parents	X	
Managing Anxiety	X	
Managing mood	X	
Child Functioning, and Impact on Family		
Child's Social participation	X	
Quality of child's relationships	X	
Child's School participation & Achievement	X	
Family Activities	X	
Family Comfort	X	
Risk Factors (one section only)		
Abuse	X	
Readiness, Barriers, and Conclusion		
Barriers	X	

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CAFAS	Required	Do Not Export
CASE INFORMATION		
<input type="checkbox"/> Admission Date	x	
<input type="checkbox"/> Client Identification Number	x	
<input type="checkbox"/> Client Last Name	x	x
<input type="checkbox"/> Client First Name	x	x
<input type="checkbox"/> Client Middle Name		
<input type="checkbox"/> Birth date	x	
<input type="checkbox"/> Sex	x	
BACKGROUND INFORMATION		
<input type="checkbox"/> Youth Information		
<input type="checkbox"/> Current Address		
<input type="checkbox"/> Phone		
<input type="checkbox"/> Race/Ethnic Group	x	
<input type="checkbox"/> School	x	
<input type="checkbox"/> Ward of the State – Child Welfare or Social Services	x	
<input type="checkbox"/> Ward of the State – Court or Juvenile Justice		
<input type="checkbox"/> Ever Hospitalized For Psychiatric or Substance Use Treatment?		
<input type="checkbox"/> Ever Placed Outside the Home?	x	
<input type="checkbox"/> Yes (just indicate yes or no)	x	
<input type="checkbox"/> Ever Involved with Juvenile Justice?		
<input type="checkbox"/> Caregiver Identification		
<input type="checkbox"/> Caregivers in the Home (check all that apply)	x	
<input type="checkbox"/> Notified of Follow-Up Assessment?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Caregiver Name and Address		
Name:		
Address:		
City:		
County:		
Home Phone:		
Work phone:		
<input type="checkbox"/> Guardian (if different than caregiver)		
<input type="checkbox"/> Guardian Caregivers in the Home (check all that apply)	x	
<input type="checkbox"/> Notified of Follow-Up Assessment?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Caregiver Name and Address		
Name:		
Address:		
City:		

CAFAS	Required	Do Not Export
County:		
Home Phone:		
Work phone:		
<input type="checkbox"/> Caregiver Demographic Information		
<input type="checkbox"/> Number of Parent Figures in the Home		
<input type="checkbox"/> Parents Deceased?		
<input type="checkbox"/> Marital Status of Biological or Adoptive Parents		
<input type="checkbox"/> Education Level for Family (Highest Level by a Parent)		
<input type="checkbox"/> Father: Employment Status		
<input type="checkbox"/> Mother: Employment Status		
<input type="checkbox"/> Other: Employment Status		
<input type="checkbox"/> Income Source for Family		
<input type="checkbox"/> Annual Income		
YOUTH DIAGNOSTIC INFORMATION		
<input type="checkbox"/> DSM Axis 1 through V		
<input type="checkbox"/> Is Youth's Treatment Due to Situational Trauma?		
<input type="checkbox"/> Does Youth Have a Substance Abuse Disorder Diagnosis?	x	
<input type="checkbox"/> Does Youth Have a Developmental Disability?	x	
<input type="checkbox"/> Does Youth Have a Chronic Medical Illness (Other Than Psychiatric or Substance Use)?	x	
CLOSE EPISODE	x	
<input type="checkbox"/> Date Closed	x	
<input type="checkbox"/> Was Treatment Service Delivered?	x	
<input type="checkbox"/> Are additional services needed for this youth?	x	
CAFAS EVALUATION		
Rating Period Information:		
<input type="checkbox"/> Assessment Date	x	
<input type="checkbox"/> CAFAS Administration (T1 through T14)	x	
<input type="checkbox"/> Time Period Rated for CAFAS (last 1 month)	x	
<input type="checkbox"/> Next CAFAS (90 days)		
<input type="checkbox"/> Rater ID	x	
<input type="checkbox"/> Information Sources (check all the options that apply)	x	
RATE CAFAS SUBSCALES		
Strengths and Goals		
Treatment Plan		
Youth Subscales	x	
school / work	x	
home	x	
community	x	
behaviour towards others	x	
moods/emotions	x	
self-harmful behaviour	x	
substance use	x	
thinking	x	

CAFAS	Required	Do Not Export
Caregiver Subscales	X	
material needs	X	
social support	X	
SERVICE DELIVERY INFORMATION		
Living Arrangments and/or Placements	X	
Youth's Living Arrangement and/or Residential Placements Since Last Rating:	X	
Youth's Location During Rating Period:		
Services Provided:		
<input type="checkbox"/> Non-residential Services Received Since Last Rating:	X	
Outpatient or Clinic Services:	X	
Intensive Community-Based Services:	X	
<input type="checkbox"/> Agencies Providing Services During Rating Period	X	
<input type="checkbox"/> Has Youth Been On Psychiatric Medication?		
<input type="checkbox"/> If yes, please indicate which medications (check all that apply):		
<input type="checkbox"/> Were The Services Delivered <u>Less Intensive</u> Than Youth Needed?		
<input type="checkbox"/> Were The Services Delivered <u>More Intensive</u> Than Youth Needed?		
<input type="checkbox"/> Client Had an Interagency Developed Service Plan?		
<input type="checkbox"/> Family/Caregiver Participated in Assessment/Service Planning? Yes [] No [] Not Applicable [] Unknown []		
<input type="checkbox"/> Service Dependency (Mitigating Factors): Would the youth's functioning likely deteriorate significantly, or the safety of youth or others be jeopardized, if the youth does not receive any of the following services?		
FUNCTIONING INFORMATION		
<input type="checkbox"/> Client Enrolled in School		
<input type="checkbox"/> Client has a Job		
<input type="checkbox"/> Client's Grades Since Last Rating		
<input type="checkbox"/> Number of UNEXCUSED Absences from School Since last Rating		
<input type="checkbox"/> Received Disciplinary Consequences at School		
<input type="checkbox"/> Had Contact with Juvenile Justice or Police		