



Family Services Needs Matrix (FSNM)

Name of Family member needing care: _____

Soldier

Parent/ Guardian: _____

Date: _____

Criteria	Point Range (1 low – 5 High)	Score
A. Does the Family have other sources of respite (community respite care programs, Child, Youth and School Services (CYSS), child care supports, cooperative agreements with other Families for care, ECHO, medicaid waivers)	1 - Has two or more outside resources they use on a regular basis that provide combined support of 10 hours or more per week 2 - Has at least one outside resource and is utilizing it for 6-10 hours per week 3 - Has at least one outside resource and is utilizing it for less than 3-6 hours per week 4 - Has at least one outside resource, but is not able to utilize it on a regular basis 5 - Has no other resources for support	
B. Status of Soldier	1 - Soldier is at home and working regularly scheduled hours 2 - Soldier is at home, but working extended hours 3 - Soldier is at home, but working shift work 4 - Soldier is TDY for at least 1 month but less than 6 months 5 - Soldier is preparing to deploy, deployed, has recently (within the last 2 months) returned home from deployment, on a hardship tour, or assigned to another installation	

Criteria	Point Range (1 low – 5 High)	Score
C. Status of Family	1 - Family has available Family outlets and activities in which they are involved 2 - Family is limited in outlets and activities in which they can participate 3 - Family has additional contributing issues that cause stress 4 - Family is having significant issues but with available outlets or resources 5 - Family is having significant issues and has no outlets or resources	
D. Family Coping Skills	1 - Family can use occasional break to help with coping 2 - Family has difficulty in coping with needs of EFM with current support 3 - Family expresses some difficulty in meeting needs of EFM without additional support 4 - Family expresses significant difficulty in meeting needs of EFM without additional support 5 - Temporary out-of-home placement for EFM has been recommended	
E. Community Options	1 - EFM engages in age-appropriate activities/ events 2 - EFM engages in typical settings with minimal assistance 3 - EFM engages in typical settings with significant assistance 4 - EFM engages in specialized programs and settings 5 - EFM does not engage in community activities for persons with or without disabilities unless closely supervised by Family member or other responsible adult	

Criteria	Point Range (1 low – 5 High)	Score
F. Medical Conditions (not to include school services)	<p>1 - EFM does not require any specialty medical care</p> <p>2 - EFM is receiving semi-annual specialty medical care</p> <p>3 - EFM is being seen by one or more specialists more than semi-annually because of medical needs</p> <p>4 - EFM is being seen at least monthly by a specialist</p> <p>5 - EFM has medical condition that requires close supervision or use of specialty equipment</p>	
G. Training Requirement for Respite Care Provider (RCP)	<p>1 - The RCP will need minimal training from Family beyond EFM likes, dislikes, and communication style</p> <p>2 - RCP will need more than minimal but less than moderate training</p> <p>3 - RCP will need moderate training from Family to address potential difficulties. EFM has significant behavioral issues (is a runner and possible risk to self and others) and dietary needs (tube feeding/special diets)</p> <p>4 - RCP will need more than moderate but less than extensive training</p> <p>5 - RCP will need extensive training by Family or specialists on special needs, equipment use</p>	
H. Communication Needs	<p>1 - The EFM has no difficulty expressing needs and wants</p> <p>2 - EFM can express needs and wants with simple sentences of two or more words</p> <p>3 - EFM can express needs and wants through other communicative means (sign language or gestures)</p>	

Criteria	Point Range (1 low – 5 High)	Score
	<p>4 - EFM requires prompting to express needs and wants</p> <p>5 - EFM has little or no means of communicating needs and wants beyond behaviors expressing displeasure, discomfort, or frustration</p>	
I. Behavioral	<p>1 - EFM has no significant behavioral issues/limitations</p> <p>2 - EFM displays infrequent inappropriate behaviors or has some limitations to activities</p> <p>3 - EFM has behaviors that limit access to activities outside the home</p> <p>4 - EFM has behaviors that limit access to special programs or requires one on one care</p> <p>5 - EFM has been removed or suspended from programs/community settings because of behavioral concerns</p>	
J. Family Members	<p>1 - Family of 3 (Soldier + authorized Family members) with one EFM</p> <p>2 - Family of 4 or more (Soldier + authorized Family members) with one EFM</p> <p>3 - Family with 2 EFM(s)</p> <p>4 - Family with 3 EFM(s) or a dual military couple with 1 or more EFM(s)</p> <p>5 - Family with more than 3 EFM(s) or Single Soldier with 1 or more EFM(s)</p>	
Total Points		

Scoring Matrix*

Score of 10 or less: Family needs minimal support. Services should not exceed 12 hours per month.

Score of 11 - 15: Family needs some assistance and support. Services should not exceed 16 hours per month.

Score of 16 - 20: Family needs additional assistance and support. Services should not exceed 20 hours per month.

Score of 21 – 25: Family needs moderate assistance and support. Services should not exceed 24 hours per month.

Score of 26 – 30: Family needs moderate assistance and support. Services should not exceed 28 hours per month.

Score of 31 – 35: Family needs significant assistance and support. Services should not exceed 32 hours per month.

Score of 36 – 40: Family needs significant assistance and support. Services should not exceed 36 hours per month.

Score of 41 or higher: Family needs maximum assistance and support. Services should be 40 hours per month.

* EFMP respite care rate of payment will be paid up to \$45.00 per hour. The rate is based on the specialty care required for the EFM and not on the credentials of the respite care provider. If an EFM parent requires a break and requests respite care for their children who are not special needs, the hourly rate will not exceed \$10.00 an hour. Parents who use Child Youth and School Services (CYSS) programs will be allowed up to the eligible hours per month regardless of the fees charged by CYSS.

Adapted from: Comprehensive Family Assessment Guidelines – National Resource Center for Family-Centered Practice and Permanency Planning-May 2005