**STRENGTHS, NEEDS, AND CULTURE DISCOVERY (SNCD) shall include the family vision, child and family strengths, specific needs, and cultural influences/preferences.**

The information in these domains are provided as direction for addressing the child and family’s unique SNCD in service planning and delivery.

**FAMILY VISION:**

1. What would success look like to the family? What do they hope to accomplish by participating in services?
2. How will they know when they are ready to transition out of services?
3. What are the needs and areas of focus that shall be addressed with the intent to move toward this desired future?

**PERSONAL: (PROVIDE THEIR NAME, AGE, ETHNICITY, RACE)**

1. Any special accomplishments or achievements they might have?
2. Are there any special personality characteristics?
3. How do they define themselves? How does the family define them?
4. What is unique about the child and family?
5. Is there something that they are proud of that they would like to share?
6. What are their short-term and long-term future goals?

 **STRENGTHS:**

1. What are they most proud of in their life?
2. What do they like about themselves?
3. What do they enjoy or love doing?
4. What do you friends admire or like about you?
5. What challenges have you overcome?
6. What are your unexpected talents?
7. What would your family say are your strengths?
8. What is something that people compliment you on?
9. How can the strengths you have identified help you in your life and in treatment (be functional)?

**FAMILY/LIVING/HOUSING**

1. Who is a part of the family (mom, dad, siblings, grandparents, parent(s), or pets etc.)?
2. The nature and dynamics of these relationships.
3. What does this family need to live successfully together?
4. What is the family’s living environment and are there any needs in this area?
5. Who lives together and how that is working for everyone?
6. What activities does the family do together (i.e., eat dinner, go to movies, celebrations, holidays, religious gatherings)?
7. What does a typical day look like for this child and family?
8. Have there been any recent changes in living environment/situation (e.g., removal from family, divorce, adoption, school suspension, family death, auto accident, loss of job/income)?

**COMMUNITY INVOLVEMENT**

1. What relationships does the child have in the community (e.g., friends, significant others, important adult and community relationships)?
2. Whom are the people the child and family are most comfortable with?
3. Who are the supportive people in the family’s life and how they might assist?
4. What are the things the child and family are good at or like to do (e.g., interests, talents, skills, abilities, education, friends, family, religion/spirituality, work, school, etc.)?
5. Does the family have any organizational affiliations?

**EDUCATIONAL/VOCATIONAL TRAINING**

1. Does the child attend school? Is the child involved in an educational or vocational training program?
2. How is the child doing in school/training?
3. What are the child’s likes or dislikes pertaining to school?
4. What activities does the child participate in at school?
5. If the child is not in school, what are the situations that have led to the child not being in school?
6. Does the child have any special education needs or accommodations (such as testing, evaluations, development of an IEP/504 Plan, alternative school, change of teacher)?
7. What are the family’s beliefs regarding school/academic achievement?
8. Are there any current challenges at school?

**SOCIAL/RELATIONSHIP DOMAIN**

1. Does the child spend time with friends? How often?
2. Does the child have opportunities to socialize/engage in fun, meaningful activities?
3. What are the ways the child chooses to relax (fun, hobbies, extra-curricular activities, sports, interests, support systems, after-school activities, clubs, etc.)?
4. Who are the child’s friends and family members that provide support? How do they provide support?

 **BEHAVIORAL/EMOTIONAL/PSYCHOLOGICAL**

1. What are the child and family’s needs in these areas?
2. Are there any issues that impede interactions within the family or in the community (social anxiety, substance use, anger/behavioral outbursts, mood, medication side effects, hyperactivity, anxiety, traumatic experiences, etc.)?
3. What has worked to improve functioning in the past?

**SAFETY**

1. Are there any safety concerns for the child?
2. Are there any safety needs of family members?
3. Are there any current risk-taking behaviors that are concerning to the family?
4. Are there any challenges to the child maintaining their own safety?
5. Are there potential dangers/concerns for themselves or to the community?
6. What strengths/supports are present to address safety concerns?
7. Is there a crisis plan in place? Does the family have a copy? Is it helpful?

**LEGAL**

1. Is the family currently involved with the judicial system (current legal status, probation, custody, adjudication, foster care, etc.)?
2. Has the child been the victim of a crime?
3. Is child justice-involved? Has the child been charged with or convicted of a crime?

**HEALTH**

1. Are there any health care needs? Does the family need access to any needed specialty services?
2. Does the family have involvement with the Division of Developmental Disabilities (DDD), Arizona Long Term Care Services (ALTCS), Children’s Rehabilitative Services (CRS), or Department of Child Safety (DCS), etc.?
3. Does the child or caregiver have any limitations on physical activity?
4. Does the child or caregiver have any acute/chronic or debilitating illnesses?
5. Are there dental, hearing, speech, vision, or other issues affecting the child or family?
6. Does the child have any immunization needs?

**VOCATIONAL/EMPLOYMENT (PERSONS 16 AND OLDER OR OTHERS IF PERTINENT)**

1. What is the youth’s current work status (full, part-time, or volunteer)?
2. What is their current job, (e.g., type of work, work environment, length of employment and attitude toward work)?
3. What is the impact of work on personal and family life (e.g., family, leisure time, health, relationships)?
4. If the youth is not employed, do they have interest in finding employment (describe interests)?
5. Are there any supports or resources needed to get a job and/or keep a current job (training or social skills)?

**FINANCIAL**

1. Are there any financial issues affecting the family’s ability to provide basic needs and housing?
2. Does the family have transportation to school, community activities, appointments, etc.?
3. Are there financial issues that are causing stress to the child or family?
4. Does the family need help with Nutritional Assistance, food boxes or other financial resources?

**CULTURAL DISCOVERY:**

1. Does the family have any spiritual beliefs or religious affiliations?
2. How does the family describe their values, culture, and beliefs? Are there cultural considerations that would promote an understanding of the child and family?
3. What are the things that make the child or family feel good about themselves and help make their life meaningful?
4. In what ways does the family celebrate special occasions (holidays, birthdays, weddings, religious observances)?
5. Are there multiple generations living in one home?
6. Are there cultural differences due to age or acculturation?
7. What are the family’s attitudes and expectations related to services?
8. What are their beliefs about the cause of the issues needing to be addressed?