

**DHHS-Children's Behavioral Health Services**  
**Assessments Descriptive Definitions for Completing CAFAS Scoring Sheets**

**Child's Name: (First, Middle Initial & Last Name)**

**Client ID:** Unique identifier of child/adolescent being assessed. The 8 character unique identifier is composed of the first letter of the child/adolescent's last name, the first letter of the child/adolescent's first name and date of birth. The unique identification number must be placed in the space provided on each CAFAS Scoring Sheet.

**For example:** Sara Jones who has a birth date of 07/28/92 would be: **JS072892**

**Date Assessed:** Date screening tool(s) is completed whether initial screening or update;

**Service Start Date:** Date child/adolescent began receiving Targeted Case Management, Wraparound Maine (High Fidelity Wrap), Child & Family Behavioral Health Treatment Services (65M) or Community-Based Treatment for Children without Permanency (65N)

**Agency Case Number:** Agency assigned case number, if applicable (Leave blank if your agency doesn't assigned individual case #)

**MaineCare Number:** Child/Adolescent's MaineCare ID number (*if not applicable, indicate with N/A or Pending in space provided*)

**DOB:** Child/Adolescent's Date of Birth (7/28/92)

**Gender (M/F):** Child/Adolescent's gender;

**Child's Residence (County):** Refers to the county in which the child/adolescent currently resides;

**Region:** Refers to the region where the child is receiving services.

**Rater Name & ID#:** Name of person completing the Assessment and Rater Identification Number;

**Agency Name:** Name of agency providing services;

**Administration:** Refers to the scheduled assessment period in which tools are being completed (**only select one**)  
**Targeted Case Management**

**Entry into Service**

(the first time an assessment is completed on child/adolescent whether in service or a new entry into service within 30-days of entering into the service)

**Annually** (completed every 12-months from date of the initial assessment or within 30-days of that date)

**Exit from Service** (completed at time of discharge from service)

**Wraparound Maine (High Fidelity Wrap)**

**Entry into Service**

(the first time an assessment is completed on child/adolescent whether in service or a new entry into service within 30-days of entering into the service)

**6 Month Intervals** (completed every 6 months from date of the initial assessment or within 30-days of that date)

**Exit from Service** (completed at time of discharge from service)

(Note: if a child is transferred from targeted case management into High Fidelity Wrap Around, all other assessments tools are discontinued, as stated above.)

**65M&N Services**

**Entry into Service**

(the first time an assessment is completed on child/adolescent whether in service or a new entry into service within 30-days of entering into the service)

**Reauthorization 1,2 or 3** (completed every 90 days)

**Exit from Services** (completed at time of discharge from service)

**Other** (this is optional for all above services and should **only** be used if a significant change occurs outside the regular administration time schedule)

**Select only one option from each category below**

**Service/Program:** Refers to the service/program (i.e., Targeted Case Management; Wraparound Maine (High Fidelity Wrap); Child & Family Behavioral Health Treatment Services (65M); or Community-Based Treatment for Children without Permanency (65N) the child/adolescent is currently receiving and the program responsible for completing the CAFAS assessment.