	6. Adult(s) General Functioning: (How does the adult function in respect to daily life management and general adaptation?)			
	auaptation: <i>)</i>			
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	Is there a change on the safety threat or any impending danger to the child?		Yes	No
	If the above is yes, a new safety assessment must completed within 24 hours of this face to face			
	contact and a supervisor should have been notified.			
	Signature of Caseworker	Date documentat	ation completed:	
	Signature of Supervisor:	Date approved:	Date approved:	
		J-		