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**Purpose:**

The purpose of this CARF Accreditation tool is to help organizations conduct thorough and compliant assessments, ensuring all essential areas—such as strengths, needs, trauma history, co-occurring conditions, and social supports—are documented accurately. By aligning with CARF standards, this tool supports high-quality care and comprehensive evaluations, providing a solid foundation for person-centered service delivery and accreditation readiness.

**Assessment Compliance Review Tool**

|  |  |  |
| --- | --- | --- |
| **Review Item** | **Compliant (Yes/No)** | **Comments / Findings** |
| **Information Sources and Involvement** |  |  |
| Information obtained from the person served |  |  |
| Family members/legal guardians involved (if applicable) |  |  |
| Collateral sources consulted (e.g., teachers, social workers, physicians, probation officers) |  |  |
| External providers involved, as necessary (for specialized assessments) |  |  |
| **Presenting Issues and Person's Perspective** |  |  |
| Assessment identifies presenting issues from the perspective of the person served |  |  |
| Goals and expectations of the person served clearly identified |  |  |
| **Strengths, Needs, Abilities, and Preferences** |  |  |
| Strengths and assets of the person identified |  |  |
| Individual needs clearly outlined |  |  |
| Abilities, talents, and competencies documented |  |  |
| Preferences and choices for care identified |  |  |
| **Behavioral Health and Medical History** |  |  |
| Past behavioral health services (diagnostic and treatment history) included |  |  |
| Mental status examination completed |  |  |
| Medication history, current use, and efficacy reviewed |  |  |
| Allergies or adverse medication reactions documented |  |  |
| **Physical Health and Medical Needs** |  |  |
| Physical health information: health history, current needs, and conditions |  |  |
| Current pregnancy or prenatal care (if applicable) |  |  |
| Use of complementary/alternative medicine documented |  |  |
| Co-occurring disorders or disabilities identified |  |  |
| **Literacy, Assistive Technology, and Social Support** |  |  |
| Literacy level assessed |  |  |
| Need for assistive technology identified and documented |  |  |
| Social supports and community resources documented |  |  |
| **Trauma History and Risk Factors** |  |  |
| Trauma history (experienced, witnessed, including abuse, neglect, violence, sexual assault) |  |  |
| Use of alcohol, drugs, and nicotine (current and historical use) |  |  |
| Risk factors assessed (e.g., suicide, self-harm, violence toward others) |  |  |
| **Social Determinants of Health and Environment** |  |  |
| Social determinants of health (e.g., housing, food security, employment, transportation) considered |  |  |
| Legal involvement documented (e.g., probation, court orders, child welfare involvement) |  |  |
| Military history documented (if applicable) |  |  |
| Current living situation and environmental factors assessed |  |  |
| **Cultural and Personal Context** |  |  |
| Cultural background, ethnicity, and beliefs documented |  |  |
| Gender identity and sexual orientation identified (if relevant to care) |  |  |
| Spiritual beliefs considered and documented |  |  |
| **Advanced Care Planning and Notifications** |  |  |
| Advance directives collected (if applicable) |  |  |
| Legally required notifications addressed (e.g., child/adult protective services, Tarasoff warnings) |  |  |
| **Updates and Communication of Results** |  |  |
| Assessment communicated to person served/legal guardian |  |  |
| Assessment results shared with relevant personnel and external providers (if applicable) |  |  |
| Assessment updated within timeframes and following significant changes |  |  |