

## VIRGINIA ENHANCED MAINTENANCE ASSESSMENT TOOL (VEMAT)

Name - Child (last, First, MI)	Birth Date (mm/dd/yyyy)	Age
Name - Foster Parent(s)		
Address - Foster Parent(s)	Telephone Number (Daytime)	
Date Child Placed in this Foster Home (mm/dd/yyyy)	Assessment Date/Time (mm/dd/yyyy)	
OASIS Client ID:	Completion Date/Time (mm/dd/yyyy)	

Check "Yes" or "No" to indicate whether each of the following minimal, moderate or severe characteristics apply to the foster child now.

**DOMAIN: SOCIAL/EMOTIONAL CARE NEEDS: When the item is applicable, select only one category (mild, moderate or severe) that most accurately describes the child's behavior.**

**Check "No" in each category if the characteristic is generally age appropriate for the child. Only check yes if the characteristic is more intense, frequent or of longer duration than what is typical for a child this age.**

The family's documentation and reporting is consistent with involved professionals' assessments of the child's functional characteristics.

**Not Applicable** (0 points) – Child does not exhibit unusual personal characteristics for a child in this age group.

Yes	No	<b>Minimal</b> (4 points) – Minimal means the characteristic occurs occasionally and requires occasional intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. <b>Child must exhibit at least two characteristics which include or correspond in extent or degree with the following</b>	Yes	No	<b>Moderate</b> (8 points) – Moderate means the characteristic occurs frequently and requires occasional intervention. The frequency of occurrence of the characteristic is high, but the duration is short-lived or the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. <b>Child must exhibit at least two characteristics which include or correspond in extent or degree with the following</b>	Yes	No	<b>Severe</b> (12 points) – Severe means the characteristics occur frequently and require frequent intervention. The frequency of occurrence of the characteristic is high, the duration is ongoing, and the intensity is strong. The need for intervention is frequent and the child requires additional assistance and time to respond to intervention. <b>Child must exhibit one characteristics which includes or corresponds in extent or degree with the following</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Mild problems with impulsive, distractible, or hyperactive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	1. Moderate problems with impulsive, distractible, or hyperactive behaviors that interfere with the child's ability to function in at least one life domain.	<input type="checkbox"/>	<input type="checkbox"/>	1. Consistent impulsive behaviors that can place the child or others at risk of physical harm.
<input type="checkbox"/>	<input type="checkbox"/>	2. Mild depression associated with a negative life event	<input type="checkbox"/>	<input type="checkbox"/>	2. Moderate depression as evidenced by depressed mood or irritability.	<input type="checkbox"/>	<input type="checkbox"/>	2. Level of depression that interferes with the child's ability to function in two or more life

		evidenced by difficulties maintaining a positive view of him/herself and his/her life (overly pessimistic).			Depression has interfered in child's ability to function in at least one life domain. Child has moderate difficulty seeing positives. Child may vary from overly optimistic to overly pessimistic.			domains and requires therapeutic/medical intervention. Chronically withdrawn/depressed/anxious requiring professional intervention due to self-injurious behavior, suicidal gestures, or has made suicidal statements.
<input type="checkbox"/>	<input type="checkbox"/>	3. Mild anxiety problems associated with any recent life event(s).	<input type="checkbox"/>	<input type="checkbox"/>	3. Moderate anxiety as evidenced by anxious mood or fearfulness. Anxiety has interfered in child's ability to function in at least one life domain.	<input type="checkbox"/>	<input type="checkbox"/>	3. Level of anxiety that interferes with the child's ability to function in two or more life domains and requires therapeutic/medical attention.
<input type="checkbox"/>	<input type="checkbox"/>	4. Mild challenges in socialization requiring occasional assistance and/or training.	<input type="checkbox"/>	<input type="checkbox"/>	4. Moderate challenges in socialization requiring frequent assistance and/or training to address issues in the child's life, including but not limited to difficulty in establishing or maintaining meaningful relationships or attachment issues.	<input type="checkbox"/>	<input type="checkbox"/>	4. Severe challenges in socialization requiring ongoing assistance and/or training to address issues in the child's life, including but not limited to difficulty in establishing or maintaining meaningful relationships or attachment issues.
<input type="checkbox"/>	<input type="checkbox"/>	5. History or suspicion of hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder.	<input type="checkbox"/>	<input type="checkbox"/>	5. Hallucinations, delusions, or bizarre behaviors that have been effectively managed with medication.	<input type="checkbox"/>	<input type="checkbox"/>	5. Hallucinations, delusions, or bizarre behavior that may be associated with some form of psychotic disorder requiring medical intervention or that has not been treated effectively with medication.
<input type="checkbox"/>	<input type="checkbox"/>	6. Mild level of eating disturbance (preoccupation with weight, calorie intake, or body size).	<input type="checkbox"/>	<input type="checkbox"/>	6. Moderate eating disturbance (moderate preoccupation with weight, restrictive eating habits, binging, purging, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	6. Eating disturbance that requires medical intervention.

**DOMAIN: BEHAVIORAL/DEVELOPMENTAL CARE NEEDS:** When the item is applicable, select only one category (mild, moderate or severe) that most accurately describes the child's behavior.

**Check "No" in each category if the characteristic is generally age appropriate for the child. Only check yes if the characteristic is more intense, frequent or of longer duration than what is typical for a child this age.**

The family's documentation and reporting is consistent with involved professionals' assessments of the child's functional characteristics.

**Not Applicable** (0 points) – Child does not exhibit unusual behavioral characteristics for a child in this age group.

Yes	No	<b>Minimal</b> (4 points) – Minimal means the characteristics characteristic occurs occasionally and requires occasional intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. <b>Child must exhibit at least two characteristics which include or correspond in extent or degree with the following</b>	Yes	No	<b>Moderate</b> (8 points) – Moderate means the characteristics occurs frequently and requires occasional intervention. The frequency of occurrence of the characteristic is high, but the duration is short-lived or the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. <b>Child must exhibit at least two characteristics which include or correspond in extent or degree with the following</b>	Yes	No	<b>Severe</b> (12 points) – Severe means the characteristics occurs frequently and requires frequent intervention. The frequency of occurrence of the characteristic is high, the duration is ongoing, and the intensity is strong. The need for intervention is frequent and the child requires additional assistance and time to respond to intervention. <b>Child must exhibit one characteristic which includes or corresponds in extent or degree with the following</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Child cannot be accounted for by the parent for short periods of time with the intention of returning.	<input type="checkbox"/>	<input type="checkbox"/>	1. Frequently runs away overnight or disappears for long periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	1. Habitually runs away overnight or disappears for long periods of time.
<input type="checkbox"/>	<input type="checkbox"/>	2. Child exhibits behavior affecting class achievement and requiring occasional parent school contacts.	<input type="checkbox"/>	<input type="checkbox"/>	2. Child is truant or exhibits behavior affecting class achievement, creates a disturbance in the classroom, frequent school contacts with parent.	<input type="checkbox"/>	<input type="checkbox"/>	2. Habitually creates a disturbance in the classroom, or on the school bus, or is habitually truant and requires ongoing parental/school contact.
<input type="checkbox"/>	<input type="checkbox"/>	3. Uses sexual language in inappropriate social situations.	<input type="checkbox"/>	<input type="checkbox"/>	3. Child exhibits sexual activity that is disruptive to self, family, and/or community.	<input type="checkbox"/>	<input type="checkbox"/>	3. Child has a history of sexually aggressive behavior that represents a moderate to high risk to offend as evidenced by a psychosexual evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	4. Use of illegal or dangerous substances, but is not a current problem and does not interfere with any life	<input type="checkbox"/>	<input type="checkbox"/>	4. Frequent use of illegal or dangerous substances beyond experimentation.	<input type="checkbox"/>	<input type="checkbox"/>	4. Habitually abuses illegal or dangerous substances.

		domains.						
<input type="checkbox"/>	<input type="checkbox"/>	5. Occasional self-abusive behaviors that requires adult supervision/intervention not requiring medical intervention.	<input type="checkbox"/>	<input type="checkbox"/>	5. Frequent self-abusive behaviors that requires adult supervision/intervention and medical intervention.	<input type="checkbox"/>	<input type="checkbox"/>	5. Habitually, self-abusive behaviors requiring adult supervision/intervention and medical intervention.
<input type="checkbox"/>	<input type="checkbox"/>	6. Minor problems with stealing, petty theft, vandalism, destroying property (no police involvement).			6. Frequently involved in non-violent crimes that may bring contact with the police.			6. Anti-social behaviors resulting in delinquency status.
<input type="checkbox"/>	<input type="checkbox"/>	7. Mild verbal or physically aggressive behavior toward parents, siblings, community, authority figures, or animals not resolved or reduced immediately through redirection, dialogue, or disciplinary action.	<input type="checkbox"/>	<input type="checkbox"/>	7. Child threatens serious harm towards others, and/or destroys property and/or displays physical aggression towards others.	<input type="checkbox"/>	<input type="checkbox"/>	7. Child is involved in frequent physical fights and/or destroys property, displays physical aggression towards others that causes or threatens physical injury and may require physical/legal/medical intervention.
<input type="checkbox"/>	<input type="checkbox"/>	8. Youth is a parent and requires modeling/mentoring for the protection of their child.	<input type="checkbox"/>	<input type="checkbox"/>	8. Youth is a parent and their behavior has placed their child at risk of abuse and neglect. Frequent supervision is required to ensure the safety of the child.	<input type="checkbox"/>	<input type="checkbox"/>	8. Youth is a parent and their behavior has placed their child at risk of abuse and neglect. Foster parent is required to provide constant supervision and intervention to the youth and their child.
<input type="checkbox"/>	<input type="checkbox"/>	9. Mild impairment in communications requiring occasional assistance and/or training as a result of a developmental/intellectual condition.	<input type="checkbox"/>	<input type="checkbox"/>	9. Moderate impairment in communications requiring frequent assistance and/or training as a result of a developmental/intellectual condition.	<input type="checkbox"/>	<input type="checkbox"/>	9. Severe impairment in communications requiring ongoing assistance and/or training as a result of a developmental/intellectual condition.
<input type="checkbox"/>	<input type="checkbox"/>	10. Mild impairment in sensory integration requiring occasional assistance and/or training as a result of a developmental/intellectual condition.	<input type="checkbox"/>	<input type="checkbox"/>	10. Moderate impairment in sensory integration requiring frequent assistance and/or training as a result of a developmental/intellectual condition.	<input type="checkbox"/>	<input type="checkbox"/>	10. Severe impairment in sensory integration requiring ongoing assistance and/or training as a result of a developmental/intellectual condition.

**DOMAIN: PHYSICAL/MEDICAL/PERSONAL CARE NEEDS:** When the item is applicable, select only one category (mild, moderate or severe) that most accurately describes the child's behavior.

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<input type="checkbox"/>	<input type="checkbox"/>	1. Child shows mild or occasional challenges in self-care skills for his/her age but is generally self-reliant.	<input type="checkbox"/>	<input type="checkbox"/>	1. Child demonstrates moderate or frequent challenges in self-care skills (including personal hygiene) and relies on others help more than is appropriate for his/her age.	<input type="checkbox"/>	<input type="checkbox"/>	1. Child demonstrates severe or ongoing challenges in self-care skills (including personal hygiene) and relies on others help more than is appropriate for his/her age.
<input type="checkbox"/>	<input type="checkbox"/>	2. Child needs minimal support in utilizing long-term physical assistance devices, such as crutches, wheelchairs, or prosthetics.	<input type="checkbox"/>	<input type="checkbox"/>	2. Child needs frequent support in utilizing long-term physical assistance devices, such as crutches, wheelchairs, or prosthetics.	<input type="checkbox"/>	<input type="checkbox"/>	2. Child needs ongoing support in utilizing long-term physical assistance devices, such as crutches, wheelchairs, or prosthetics.
<input type="checkbox"/>	<input type="checkbox"/>	3. Child requires occasional assistance with utilizing special medical equipment, including but not limited to nebulizers or apnea	<input type="checkbox"/>	<input type="checkbox"/>	3. Child requires frequent assistance with utilizing special medical equipment, including but not limited to	<input type="checkbox"/>	<input type="checkbox"/>	3. Child requires constant assistance with utilizing special medical equipment, including but not limited to appliances for drainage, colostomy, aspiration, suctioning, mist tent, tube or lavage

		monitors.			appliances for drainage, colostomy, aspiration, suctioning, or mist tent.			feeding, etc.
<input type="checkbox"/>	<input type="checkbox"/>	4. Child has a chronic medical condition effectively managed by medication or intervention.	<input type="checkbox"/>	<input type="checkbox"/>	4. Child has a chronic medical condition requiring frequent intervention and supervision to effectively manage.	<input type="checkbox"/>	<input type="checkbox"/>	4. Child has a chronic medical condition that despite interventions continues to require daily supervision and attention to effectively manage.
<input type="checkbox"/>	<input type="checkbox"/>	5. Requires occasional therapy for gross or fine motor skills, speech, hearing, or vision. Foster parents are required to occasionally practice skills with the child at home.	<input type="checkbox"/>	<input type="checkbox"/>	5. Requires frequent therapy for gross or fine motor skills, speech, hearing, or vision. Foster parents are required to frequently practice skills with the child at home.	<input type="checkbox"/>	<input type="checkbox"/>	5. Requires ongoing therapy for gross or fine motor skills, speech, hearing, or vision. Foster parents are required to constantly practice skills with the child at home.
<input type="checkbox"/>	<input type="checkbox"/>	6. Occasionally wets or soils not due to a short-term medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	6. Frequently, wets or soils self not due to a short-term medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	6. Habitually, wets or soils not due to a short-term medical condition.

**Enhanced Maintenance – Need for Additional Daily Supervision - Summary of Points**

Emotional \_\_\_\_\_ Behavioral \_\_\_\_\_ Physical/Personal Care \_\_\_\_\_ **TOTAL Points** \_\_\_\_\_ **TOTAL Amount** \_\_\_\_\_

Child's Name:	DOB:
SIGNATURE - Rate Setter	Date
SIGNATURE – Case Worker	Date
SIGNATURE – Foster/Adoptive Parent(s)	Date
SIGNATURE /Title- Other	Date