

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.
JOB DESCRIPTION**

DATE ESTABLISHED 01/15/99
DATE AMENDED 01/02/10

TITLE OF POSITION: Family Assessment Worker

POSITION NUMBER: 22-08

PROGRAM: Bay County Children's Services

COMPONENT: Healthy Families

MINIMUM TRAINING, CREDENTIALS AND EXPERIENCE REQUIREMENTS: Minimum of a high school diploma or equivalent. Experience working with young children and their families. Forty (40) hours of agency training relevant to: Healthy Families project goals, services, policies and operating procedures; relationships with other community resources; child abuse/neglect indicators and reporting requirements; history and philosophy of home visiting; universal precautions for violence; client rights; confidentiality; client grievance; incident reporting; cultural competency; HIV/AIDS information; infection control; safety; community resources. Compliance with minimum standards for screening of mental health personnel as contained in FS 394.4572. Successful completion of State sponsored Healthy Families core training.

SUPERVISOR: Component Supervisor, Healthy Families

POSITIONS SUPERVISED: None

SALARY MINIMUM: BA \$27,000 annually; AA \$24,300.00 annually

WAGE AND HOUR STATUS: Non-exempt

DESCRIPTION OF DUTIES AND RESPONSIBILITIES*

ESSENTIAL FUNCTIONS:

1. Check Healthy Start/Healthy Families Universal Screens, hospital and clinic records to determine client need
2. Perform family assessment to determine program eligibility.
3. Staff referrals with program staff.
4. Make referrals to community-based agencies for non-eligible referrals.
5. Perform client related documentation in accordance with program and Center policies and procedures and contract provisions as applicable.

6. Perform data collection as specified by contract.
7. Initiate and participate in activities for staff, program, and Center development.

OTHER ESSENTIAL FUNCTIONS:

1. Travel between multiple work sites.
2. Obtain and forward to data entry all information necessary for case openings. Maintain client service delivery schedule.

Copy received by:

_____ **Date:** _____