

CCQC

**Train the Trainer: Case
Management**

Case Management Forms



COMMONWEALTH OF PENNSYLVANIA
BUREAU OF DRUG and ALCOHOL PROGRAMS
Division of Treatment

CASE MANAGEMENT INVENTORY OF SUPPORT SERVICES For Adults

NAME : _____ SSN: _____

ADDRESS _____ PHONE: _____
 (Street)

_____ CIS #: _____
 (City, State, Zip) (optional)

ISS Interval Scores

	Initial	60 Day	120 Day	180 Day	240 Day	300 Day	360 Day	Discharge
Date								
Domain								
Housing								
Child Care								
Educational/Vocational								
Employment								
Basic Needs								
Transportation								
Alcohol & Other Drug Treatment								
Legal								
Mental Health								
Physical Health								
Family / Social								
Life Skills								

Levels of Self Sufficiency: 0 - 1 Self-Sufficient
 2 - 4 Stable / Safe

5 - 7 At Risk
 8 - 10 Unstable

10+ In crisis/Not Self sufficient

1. Gender M F

2. Date of birth? _____
(month / Day / Year)

3. Age _____

4. Ethnicity (MARK ONE) Hispanic/Latino/Latina White or Caucasian
 Native American Asian or Pacific Islander
 Black or African American Other

5. Marital Status: Legally Married Living With Partner
 Divorced Separated
 Widowed Never Married

5a. What healthcare benefits do you have?

None Commercial
 Medical Assistance, Managed Other government coverage (such as Medicare or Veteran's Administration)
 Medical Assistance, Unmanaged
 Other, explain: _____

6. What are/were your primary drugs of choice (MARK ALL THAT APPLY):

Alcohol Other Narcotics
 Marijuana Other Stimulants
 Cocaine Inhalants
 Crack/Cocaine Other Specify, _____
 Heroin Other Specify, _____

6a. **Client Profile** (Mark Only the one which is the predominant reason the client is on the case load)

Dual Diagnosis Domestic Violence Victim Child Welfare
 Criminal Justice Homeless Pregnant Woman
 IVDU Parenting Woman Recurrent User of Tx System
 Medical Complications Adolescent Other, explain: _____

Client Name: _____

Date: _____

Case Manager: _____

Start Time: _____

	Question	Response (Value)	Score
7.	<u>In the past 30 days</u> , has your current living situation made it difficult for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 8]	
7a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
8.	Where have you lived in the last 30 days? (MARK ONE) <input type="checkbox"/> In your own apartment or house (This includes living with a parent or guardian)? <input type="checkbox"/> In someone else's apartment or house? <input type="checkbox"/> In a room in a hotel or motel, in a rooming or boarding house, or in a school dormitory? <input type="checkbox"/> In a homeless shelter or on the street? <input type="checkbox"/> In another type of facility shelter (such as a shelter for runaways or battered women)? <input type="checkbox"/> Stayed at various places briefly and temporarily? <input type="checkbox"/> In a hospital (include detox)? <input type="checkbox"/> In a jail, prison or detention center, Community correction center, or work release? <input type="checkbox"/> In a group home or residence (such as a residential treatment center, halfway house, or recovery house)?		
8a.	Were any of your living environments owned by the government or did the government help pay the rent or make the payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b.	Is your current living situation stable?	<input type="checkbox"/> Yes (0) [Go to 10] <input type="checkbox"/> No (1)	
9.	Do you feel you are at risk of losing your housing?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)	
10.	Are you interested in improving your current living situation?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
11.	<u>In the past 30 days</u> , did any of the following people try to help you find or keep housing? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 12]	MARK ALL THAT APPLY, but only award one point 1 = Received help 2 = Wanted help but no one helped me	

11a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
12.	What was the outcome or what is the current situation? (MARK ALL THAT APPLY) <input type="checkbox"/> I still need the services <input type="checkbox"/> Got the permanent housing I needed <input type="checkbox"/> Got temporary housing <input type="checkbox"/> Got emergency housing <input type="checkbox"/> Kept the housing I had <input type="checkbox"/> Referred to the services <input type="checkbox"/> On a waiting list <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> I did not receive housing <input type="checkbox"/> Housing is not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help <input type="checkbox"/> OTHER, Explain: _____		

NOTES:

HOUSING TOTAL

	Question	Response (Value)	Score
13.	How many dependent/minor children do you have? _____ Children		
*** If the client does not have <u>any</u> dependent/Minor Children, GO to the Next Domain			
14.	In the past 30 days, has the lack of child care interfered with your participation in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 15]	
14a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
15.	Children's ages? _____ 1. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 2. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 3. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 4. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 5. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Currently living with you? 6. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 7. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 8. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 9. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 10. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: right;">[If yes, go to 15b]</p>		
15a.	For the children that don't live with you, with whom do they live? (MARK ALL THAT APPLY) <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Aunt <input type="checkbox"/> Boyfriend <input type="checkbox"/> Father <input type="checkbox"/> Uncle <input type="checkbox"/> Girlfriend <input type="checkbox"/> Mother <input type="checkbox"/> Other Family Member <input type="checkbox"/> Foster Family <input type="checkbox"/> OTHER, explain:		
15b.	Do any of the children for whom you are responsible require assistance in living or special supervision?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
15c.	In the past year , have any of your children been removed by Children & Youth, Juvenile Probation, other authorities or for any other reason?	(CHECK ONE) <input type="checkbox"/> Yes, Temporarily <input type="checkbox"/> Yes, Permanently [Go to 16] <input type="checkbox"/> No [Go to 16]	
15d.	Do you have visitation rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15e.	Are you interested in receiving help in getting your child(ren) back?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
16.	Do you currently have child care arrangements for the children you are responsible for while you are attending AOD treatment, going to school, jobs or training programs?	<input type="checkbox"/> Yes, all the time (0) <input type="checkbox"/> Yes, some of the time (1) <input type="checkbox"/> No (2) [Go to 17]	
16a.	Who usually watches the child(ren) you are normally responsible for? (MARK ONE) <input type="checkbox"/> Child(ren)'s Mother/Father <input type="checkbox"/> Family Member, Identify relationship: _____ <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Baby Sitter <input type="checkbox"/> Spouse <input type="checkbox"/> No one--kids take care of themselves <input type="checkbox"/> Child Care Center <input type="checkbox"/> Close Friend <input type="checkbox"/> OTHER, explain:		

16b.	Are you concerned that any of the people who watch your children may be using alcohol or drugs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
16c.	How satisfied are you with your current childcare arrangements?	<input type="checkbox"/> Very satisfied (0) <input type="checkbox"/> Somewhat satisfied (1) <input type="checkbox"/> Not satisfied at all (2)	
17.	Are you interested in improving your childcare arrangements?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go NEXT DOMAIN]	
18.	<p><u>In the past 30 days</u>, did any of the following people try to help you find child care?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 19]	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
18a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
19.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the child care I needed <input type="checkbox"/> Referred to the services <input type="checkbox"/> On a waiting list <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> It's too expensive <input type="checkbox"/> It's too hard to get there <input type="checkbox"/> Child care is unavailable <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help <input type="checkbox"/> OTHER, explain: _____		

NOTES:

CHILD CARE TOTAL

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	Question	Response (Value)	Score
20.	What is the highest grade of school you have <u>attended</u> ? 00 - 08 Grade School 17 - 18 Graduate School 09 - 12 High School 19 - 20+ Post-Graduate School 13 - 16 College	Enter a two digit number _____	
21.	What diplomas, degrees, certificates, or licenses have you received? (MARK ALL THAT APPLY)	<input type="checkbox"/> None (2) <input type="checkbox"/> GED (0) <input type="checkbox"/> High School Diploma (0) <input type="checkbox"/> Junior College or associate degree program (0) <input type="checkbox"/> Certificate from a vocation or trade school, specify (0): _____ <input type="checkbox"/> License to practice a trade, specify (0): _____ <input type="checkbox"/> College Degree, specify (0): _____ <input type="checkbox"/> Other license, etc., specify (0): _____	
22.	In the past 30 days, has the lack of having a GED, college degree, technical degree (certification) or education interfered with your ability to achieve your goals?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 23]	
22a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
23.	Are you currently in school or a training program? Specify:	<input type="checkbox"/> Yes [Go NEXT DOMAIN] <input type="checkbox"/> No	
24.	Are you interested in getting a GED, college degree, technical (certification) degree or education in general? Specify:	<input type="checkbox"/> Yes (3) [Go to 25] <input type="checkbox"/> No (0)	
24a.	If no, why not? (MARK ONE) <input type="checkbox"/> Don't want to pursue it <input type="checkbox"/> I didn't do well when I was in school <input type="checkbox"/> Had difficulty in school <input type="checkbox"/> Not ready to discuss it <input type="checkbox"/> I didn't like school <input type="checkbox"/> OTHER, specify: _____	[Go to NEXT DOMAIN]	

25.	<p><u>In the past 30 days</u>, did any of the following people try to help you obtain schooling or education?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 27]</p>	<p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
26.	<p>Are you still working with that person?</p>	<p><input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)</p>	
27.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> I still need the services <input type="checkbox"/> Attending school or training <input type="checkbox"/> Enrolled in an education program <input type="checkbox"/> Evaluated for a program <input type="checkbox"/> On a waiting list <input type="checkbox"/> Referred to the services <input type="checkbox"/> I don't meet the requirements <input type="checkbox"/> Dropped out of the program <input type="checkbox"/> I did not want the services <input type="checkbox"/> There isn't any educational help available where I live <input type="checkbox"/> Too hard to get transportation to the educational program <input type="checkbox"/> The services are too expensive <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> OTHER, explain: _____</p>		

NOTES:

EDUCATIONAL / VOCATIONAL TOTAL

	Question	Response (Value)	Score
28.	In the past 30 days, has your employment situation made it hard for you to participate in AOD treatment, training, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 29]	
28a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
29.	Are you currently employed?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1) [Go to 30]	
29a.	What is the level of your employment? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time (> 30 hr/wk) <input type="checkbox"/> Seasonal		
29b.	What is your current job title? _____ Job Description: _____ _____		
29c.	Length of time you have held this job? _____ (years) _____ (months)		
29d.	Do you feel you are at risk of losing your current job? If yes, explain: _____ _____	<input type="checkbox"/> Yes (1) [for all <input type="checkbox"/> Unsure(1) responses, <input type="checkbox"/> No (0) Go to 31]	
30.	How long have you been unemployed? _____ (years) _____ (months)	[if longer than 30 days, Go to 31]	
30a.	In the last 30 days, have you lost a job due to substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 31]	
30b.	Will you be able to return to that job once you complete treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31.	What are your primary sources of income? (MARK ALL THAT APPLY) <input type="checkbox"/> No Income <input type="checkbox"/> Wages or salary from a legitimate job or business <input type="checkbox"/> Contributions from spouse, family member(s) or friends (including alimony and child support, loans and gifts) <input type="checkbox"/> Contributions from other household members <input type="checkbox"/> SSI--Supplemental Security Income <input type="checkbox"/> Disability pay, including SSDI or compensation for a work related injury <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Public Assistance <input type="checkbox"/> Illegal sources <input type="checkbox"/> OTHER, explain:		

32.	Are you interested in improving your employment situation?	<input type="checkbox"/> Yes, as it is unstable (2) <input type="checkbox"/> Yes, I want a better one (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
33.	<p><u>In the past 30 days</u>, did any of the following people try to help you find or keep your job?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 35]	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
34.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
35.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <input type="checkbox"/> I still need the services <input type="checkbox"/> Got the job I needed, or kept the job I have <input type="checkbox"/> Started the process of getting a job or making progress in keeping my job <input type="checkbox"/> Waiting to start <input type="checkbox"/> Referred to the services <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> Not able to find or keep my job <input type="checkbox"/> Jobs are not available <input type="checkbox"/> Unable to obtain transportation to get the job <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with referral <input type="checkbox"/> I never asked for the help <input type="checkbox"/> Other, explain: _____		

NOTES:

EMPLOYMENT SERVICES TOTAL

	Question	Response (Value)	Score		
36.	<p><u>In the past 30 days</u>, has the lack of food, health insurance, clothing, utilities, or difficulty paying bills made it hard for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?</p>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 37]			
36a.	<p>If yes, how much?</p>	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)			
37.	<p>Are you interested in receiving help with your food, health insurance, clothing, or utilities?</p>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]			
37a.	<p>In which of the following areas would you like to receive help? (MARK ALL THAT APPLY)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Food <input type="checkbox"/> Other, explain: _____ <input type="checkbox"/> None of the above </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Water <input type="checkbox"/> Telephone <input type="checkbox"/> Clothing <input type="checkbox"/> Health Insurance </td> </tr> </table>	<input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Food <input type="checkbox"/> Other, explain: _____ <input type="checkbox"/> None of the above	<input type="checkbox"/> Water <input type="checkbox"/> Telephone <input type="checkbox"/> Clothing <input type="checkbox"/> Health Insurance	<p>None = 0 1 - 2 Needs = 1 3 - 4 Needs = 2 5 + Needs = 3</p>	
<input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Food <input type="checkbox"/> Other, explain: _____ <input type="checkbox"/> None of the above	<input type="checkbox"/> Water <input type="checkbox"/> Telephone <input type="checkbox"/> Clothing <input type="checkbox"/> Health Insurance				
38.	<p><u>In the past 30 days</u>, did any of the following people try to help you find food, health insurance, clothing, or utilities?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) </td> <td style="width: 50%; vertical-align: top; text-align: center;"> <p>MARK ALL THAT APPLY, but only award one point</p> </td> </tr> </table> <p style="text-align: right;">[GO TO QUESTION 39]</p>	<input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2)	<p>MARK ALL THAT APPLY, but only award one point</p>	<p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
<input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2)	<p>MARK ALL THAT APPLY, but only award one point</p>				
38a.	<p>Are you still working with that person?</p>	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)			

39.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <ul style="list-style-type: none"><input type="checkbox"/> I still need the services<input type="checkbox"/> Got the help I needed to find food<input type="checkbox"/> Got the help I needed to find clothing<input type="checkbox"/> Got the help I needed for my utilities<input type="checkbox"/> Referred to the services<input type="checkbox"/> On a waiting list<input type="checkbox"/> Services are not available<input type="checkbox"/> I didn't meet the requirements<input type="checkbox"/> Services are too expensive<input type="checkbox"/> I did not want the services<input type="checkbox"/> I did not follow through with the referral<input type="checkbox"/> I never asked for help <input type="checkbox"/> Other, explain: _____	
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NOTES:

BASIC NEEDS TOTAL

TRANSPORTATION

	Question	Response (Value)	Score									
40.	<u>In the past 30 days</u> have your transportation needs made it hard for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 41]										
40a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)										
41.	Do you have a way to get to things like schooling, jobs, training programs, AOD treatment or seeing a doctor?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (2)										
42.	What types of transportation do you have or use? (MARK ALL THAT APPLY)	<input type="checkbox"/> Own a Car <input type="checkbox"/> Program / Van <input type="checkbox"/> Friend / Family Car <input type="checkbox"/> Cab / Taxi / Jitney <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other, specify:										
42a.	Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
42b.	If you own a car, do you have:	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>A valid car registration?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Insurance?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	A valid car registration?	<input type="checkbox"/>	<input type="checkbox"/>	Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No										
A valid car registration?	<input type="checkbox"/>	<input type="checkbox"/>										
Insurance?	<input type="checkbox"/>	<input type="checkbox"/>										
43.	Are you interested in receiving help with transportation needs?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]										
44.	<u>In the past 30 days</u> , did any of the following people try to help you find transportation needs? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2)	<p style="text-align: center;">MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p> <p style="text-align: center;">[GO TO QUESTION 45]</p>										
44a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)										

45.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <ul style="list-style-type: none"><input type="checkbox"/> I still need the services<input type="checkbox"/> Received the transportation services<input type="checkbox"/> Referred to the services<input type="checkbox"/> On a waiting list for services<input type="checkbox"/> Services are not available<input type="checkbox"/> Services are too expensive<input type="checkbox"/> I didn't meet the requirements<input type="checkbox"/> I did not want the services<input type="checkbox"/> I did not follow through with the referral<input type="checkbox"/> I never asked for help <input type="checkbox"/> OTHER, explain: _____	
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NOTES:

TRANSPORTATION TOTAL

ALCOHOL AND OTHER DRUG TREATMENT

51.	<p><u>In the past 30 days</u>, did any of the following people try to refer you to alcohol and other drug treatment?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 52]</p>	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
51a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
52.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> Referred to the services <input type="checkbox"/> Currently enrolled in treatment <input type="checkbox"/> Completed treatment <input type="checkbox"/> Dropped out of treatment <input type="checkbox"/> On a waiting list <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> Don't have insurance <input type="checkbox"/> Treatment not authorized by insurance company <input type="checkbox"/> Inadequate insurance coverage <input type="checkbox"/> Alcohol and drug treatment services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> Other, explain: _____</p>		

Notes:

ALCOHOL & DRUG TREATMENT TOTAL

	Question	Response (Value)	Score
53.	In the past 30 days, have legal problems made it hard for you to participate in school, jobs, training programs, AOD treatment, relationships, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 54]	
53a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
54.	Are you currently involved in the criminal justice system in any way?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 55]	
54a.	What is the status of your criminal justice system involvement? (MARK ALL THAT APPLY) <input type="checkbox"/> Case Resolved, <i>and on</i> <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Work Release <input type="checkbox"/> In Jail, <i>and</i> <input type="checkbox"/> Awaiting Trial <input type="checkbox"/> Awaiting Sentence <input type="checkbox"/> Serving a Sentence <input type="checkbox"/> Pending, <input type="checkbox"/> On bail, Awaiting Trial <input type="checkbox"/> On bail, Awaiting Sentence <input type="checkbox"/> Released, on Own Recognizance <input type="checkbox"/> House Arrest <input type="checkbox"/> Owe/Paying Fines <input type="checkbox"/> Other Status, explain: _____		
55.	Are you interested in receiving help with any legal problems?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
55a.	What kind of legal help do you need? (MARK ALL THAT APPLY) <input type="checkbox"/> Divorce <input type="checkbox"/> Eviction <input type="checkbox"/> Bill Collector <input type="checkbox"/> Pending Criminal charges <input type="checkbox"/> Pending Civil Charges <input type="checkbox"/> Want to file charges myself <input type="checkbox"/> Want to file for bankruptcy <input type="checkbox"/> Need to obtain a protection from abuse order or restraining order <input type="checkbox"/> Child Support <input type="checkbox"/> Explain need for AOD treatment to parole officer or judge <input type="checkbox"/> Spousal support <input type="checkbox"/> Custody issues <input type="checkbox"/> Other, specify: _____		

56.	<p><u>In the past 30 days</u>, did any of the following people try to help you find legal services?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 57]</p>	<p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
56a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
57.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> I still need the services <input type="checkbox"/> Accessed legal services <input type="checkbox"/> Referred to legal services <input type="checkbox"/> I am on a waiting list for services <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> Services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> OTHER, explain: _____</p>		

Notes:

LEGAL SERVICES TOTAL

	Question	Response (Value)	Score																								
58.	In the past 30 days, have your feelings, thoughts or emotions interfered with your personal life, school, jobs, training programs or AOD treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 59]																									
58a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)																									
59.	In the past 30 days, has anyone expressed concern about your behavior, your feelings, thoughts, or emotions?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)																									
60.	Have you ever been prescribed medications for an emotional or psychological problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 61]																									
60a.	What medications are you currently taking? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 30%;">Medication</th> <th style="width: 20%;">When Prescribed</th> <th style="width: 45%;">Reason / Condition / Diagnosis</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>	#	Medication	When Prescribed	Reason / Condition / Diagnosis	1.				2.				3.				4.				5.					
#	Medication	When Prescribed	Reason / Condition / Diagnosis																								
1.																											
2.																											
3.																											
4.																											
5.																											
60b.	Are there any medications that you are <u>supposed</u> to be taking?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)																									
60c.	If yes, list Medication(s) and ask "Why aren't you taking them?" <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Medication</th> <th style="width: 10%;">Code</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> </tbody> </table> <div style="margin-left: 20px;"> Code Key a. I don't like the way it makes me feel b. I don't know why I have to take it c. I don't have the money to buy it d. Insurance won't cover it e. Insurance isn't adequate f. I forget to take it g. Don't want to take it h. Other, Specify: _____ </div>	Medication	Code		1.			2.			3.			4.			5.			6.							
Medication	Code																										
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
61.	Are you currently involved in mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 62]																									
61a.	What service are you receiving? _____																										
61b.	How Often? _____																										
61c.	Are the services meeting your needs? (if no explain)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)																									
62.	Are you interested in receiving a referral for mental health services?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]																									

63.	<p><u>In the past 30 days</u>, did any of the following people try to help you find mental health services?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1)</p> <p><input type="checkbox"/> OTHER, specify (1): _____</p> <p><input type="checkbox"/> No one helped me (2) [GO TO QUESTION 64]</p>	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
63a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
64.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> I still need the services <input type="checkbox"/> Referred to mental health services <input type="checkbox"/> Enrolled in mental health services <input type="checkbox"/> Completed Treatment <input type="checkbox"/> Dropped out <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Don't have insurance <input type="checkbox"/> Services not authorized by insurance company <input type="checkbox"/> Inadequate insurance coverage <input type="checkbox"/> Services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> OTHER, explain: _____</p>		

Notes:

MENTAL HEALTH TOTAL

	Question	Response (Value)	Score																							
65.	In the past 30 days, have your health problems or pregnancy made it hard for you to participate in school, jobs, training programs or AOD treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 66]																								
65a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)																								
66.	In the past 30 days, have others expressed concern about your health?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)																								
67.	Have you recently been prescribed medication for a physical health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Males, Go to 69, Females Go to 68]																								
67a.	What medications are you currently taking?																									
	<table border="1"> <thead> <tr> <th>#</th> <th>Medication</th> <th>When Prescribed</th> <th>Reason / Condition / Diagnosis</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>	#	Medication	When Prescribed	Reason / Condition / Diagnosis	1.				2.				3.				4.				5.				
#	Medication	When Prescribed	Reason / Condition / Diagnosis																							
1.																										
2.																										
3.																										
4.																										
5.																										
67b.	Are there any medications you are supposed to be taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Males, Go to 69, Females Go to 68]																								
67c.	<p>If Yes, list Medication(s) and ask "Why aren't you taking them?"</p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Code</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </tbody> </table> <p>Code Key a. I don't like the way it makes me feel b. I don't know why I have to take it c. I don't have the money to buy it d. Insurance won't cover it e. Insurance isn't adequate f. I forget to take it g. Don't want to take it h. Other, Specify: _____</p>	Medication	Code	1.		2.		3.		4.		5.		6.												
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1.																										
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3.																										
4.																										
5.																										
6.																										

Females Only, for Males go to 69

68.	Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 69] <input type="checkbox"/> Don't know [Go to 69]	
68a.	Has a doctor or other medical professional verified your pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
68b.	How long have you been pregnant? _____ months _____ weeks		
68c.	Are you currently receiving prenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
68d.	If not, are you interested in receiving help with accessing prenatal services?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (1)	

72a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
73.	What was the outcome or what is the current situation? (MARK ALL THAT APPLY) <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the medical/prenatal services I needed <input type="checkbox"/> Referred to medical/prenatal services <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Inadequate insurance coverage <input type="checkbox"/> Medical/prenatal services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help <input type="checkbox"/> Other, explain: _____		

Notes:

PHYSICAL HEALTH TOTAL

	Question	Response (Value)	Score
74.	<u>In the past 30 days</u> , have problems with your relationships made it hard for you to participate in school, jobs, AOD treatment, or training programs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 76]	
75.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
76.	<u>In the past 30 days</u> , has anyone expressed concern about your relationships with family members, friends or significant others?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
77.	Are you interested in receiving help with your relationships?	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
78.	<p><u>In the past 30 days</u>, did any of the following people try to help you find family services?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 79]	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
78a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
79.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the family services <input type="checkbox"/> Referred to the family services <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Other, explain: _____	<input type="checkbox"/> Services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help	

NOTES:

FAMILY / SOCIAL TOTAL

	Question	Response (Value)	Score
80.	<p><u>In the past 30 days</u>, has difficulty in any of the following areas made it hard for you to participate in school, jobs, AOD treatment, training programs, or seeing a doctor? (MARK ALL THAT APPLY, only award one point)</p> <p> <input type="checkbox"/> Constructive use of leisure time <input type="checkbox"/> Household management <input type="checkbox"/> Nutrition <input type="checkbox"/> Self care <input type="checkbox"/> Job interviewing <input type="checkbox"/> Parenting <input type="checkbox"/> Resume building <input type="checkbox"/> Basic reading, writing, and math skills <input type="checkbox"/> Budgeting <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Language barriers <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Other, Specify: _____ </p>	<p>Yes (1) No (0) [Go to 81]</p>	
80a.	Of those, how much?	<p> <input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1) </p>	
81.	<p>Would you like to receive help in any of the following areas? (MARK ALL THAT APPLY)</p> <p> <input type="checkbox"/> Constructive use of leisure time (1) <input type="checkbox"/> Household management (1) <input type="checkbox"/> Nutrition (1) <input type="checkbox"/> Self care (1) <input type="checkbox"/> Job interviewing (1) <input type="checkbox"/> Parenting (1) <input type="checkbox"/> Resume building (1) <input type="checkbox"/> Basic reading, writing, and math skills (1) <input type="checkbox"/> Budgeting (1) <input type="checkbox"/> Learning Disabilities (1) <input type="checkbox"/> Language barriers (1) </p> <p><input type="checkbox"/> NONE (0) [STOP, ISS COMPLETE]</p>	<p>0 = 0 1- 3 areas = 1 4+ areas = 2</p>	
82.	<p><u>In the past 30 days</u>, did any of the following people help you find services for nutrition, budgeting, household management, job interviewing, resume building, self care, use of leisure time or parenting?</p> <p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 83] </p> <p style="text-align: center;">MARK ALL THAT APPLY, but only award one point</p>	<p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
82a.	Are you still working with that person?	<p> <input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1) </p>	

83.	<p>What was the outcome or what is the current situation? (Mark all that apply)</p> <p><input type="checkbox"/> I still need the services</p> <p><input type="checkbox"/> Accepted the services</p> <p><input type="checkbox"/> Received the services</p> <p><input type="checkbox"/> Referred to the services</p> <p><input type="checkbox"/> Dropped out of the services</p> <p><input type="checkbox"/> Ineligible for the services</p> <p><input type="checkbox"/> Services are not available</p> <p><input type="checkbox"/> I did not want the services</p> <p><input type="checkbox"/> I did not follow through with the referral</p> <p><input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> Other, explain: _____</p>	
-----	---	--

NOTES:

Time Completed: _____

LIFE SKILLS TOTAL

--

Case Manager' s Signature

Client Signature

Case Management Assessment

Script for Case Managers

- I. For each domain area ask the following questions:
 - a. In the past 30 days has your situation/ability/functioning with or in (list domain) made it difficult for you to participate in mental health/substance abuse treatment, job/job training, school, or seeing your medical doctors?
 - b. If yes, how much? (A little, somewhat, a great deal)
 - c. If yes, can you describe the current situation and what type of help you think you need?
 - d. Is anyone else helping you with this?
 - e. Were they helpful and are you still working with them?

**Bureau of Drug and Alcohol Programs
Self-Sufficiency Matrix**

Domains	<u>Self-Sufficient</u> Score: 0-1	<u>Stable/Safe</u> Score: 2-4	<u>At Risk</u> Score: 5-7	<u>Unstable</u> Score: 8-10	<u>InCrisis/Not Self-Sufficient</u> Score: 10+
Housing	Housing is sufficient and meets client needs	Housing is sufficient but may not be meeting client needs	Insufficient or housing is at risk but help is available	At risk of losing housing and has no one to help	Housing help is needed
Basic Needs	Basic needs are being met	Client has resources to meet his needs but may not be adequate	Client lacks resources to meet basic needs but help is available	Basic needs are not being met and has no one to help	Basic needs are not being met
Transportation	Client has adequate transportation which meets their needs	Client has adequate transportation that is sometimes reliable	Client lacks adequate transportation but help is available	No transportation and has no one to help	No reliable transportation
Physical Health	No problems or health needs are being met	Immediate health problems are being addressed	Client has health problems but help is available	Client has severe health problems and has no one to help	Client has health problems which are not being addressed
Family/Social	Family system is stable; no help is needed	System is somewhat stable; but has someone to help	System is unstable but help is available	System is very unstable; and has no one to help	System is in crisis
AODT	In recovery and no other help is needed	In treatment or involved in self help group with regular attendance and help is available	In treatment or involved in self help group with no regular attendance but help is available	Client not in treatment or recovery; and has no one to help	Not in treatment or self help group and not seeking help
Mental Health	No problems or mental health needs are being met	Immediate mental health problems are being addressed	Client has mental health problems but help is available	Client has severe mental health problems and has no one to help	Severe mental health problems not being addressed and not seeking help
Legal	No legal problems; no help needed	Few legal problems and receiving help	Some legal problems and receiving help or help is available	Legal problems not being addressed; and has no one to help	Legal problems are not being addressed
Education	Sufficient education level; no help needed	Insufficient education level but currently in school or attending training	Insufficient education level but help is available	Insufficient education level and wants help but has no one to help	Insufficient education level and is not seeking help
Employment	Working full time; no help needed	Working but is in need of help	Working but job is in jeopardy but help is available	Working but job is in jeopardy; wants help but has no one to help	Unemployed and not seeking help
Life Skills	No basic life skills needed	Life skills are sufficient but may not be meeting needs	Life skills are inadequate and help is available	Life skills are inadequate and has no one to help	Life skills are inadequate and not seeking help
Child Care	Child care needs are being met	Child care is sufficient but may not be meeting needs	Child care is unstable or insufficient but help is available	No child care or at risk of losing child care	Needs child care

R-8/03

Client _____ Date _____

Domain	Admission (score/status)	6 months (score/status)	1 year (score/status)	18 months (score/status)	2 years (score/status)
Clinical services					
Vocational services					
Social services: benefits, fuel assistance, etc.					
Financial services: management of money; rep payee					
Social supports/networks					
Housing services					
Medical services					
Legal services					
Life skills including coping skills, cognitive skills, social skills, ability to manage their living environment and their daily needs					
Transportation					
Child Care					
Other special needs (specify)					

Scoring Scale

- 0 - 1 Self Sufficient
- 2 - 4 Stable/Safe
- 5 - 7 At Risk
- 8 - 10 Unstable
- 10 - 12 In-Crisis/Not Self-Sufficient

Status Code

Not a need – leave box blank

1. Client would like assistance in accessing services in this area
2. Client not interested in assistance in accessing services in this area
3. Services not available
4. Client already working on identified need with another case manager/provider
5. Client would like assistance in accessing services in this area, but not now

NOTES

Admission 6 months 1 year 18 months 2 years

Date _____

Domain
Clinical services
Vocational services
Social services: benefits, fuel assistance, etc.
Financial services: management of money; rep payee
Social supports/networks
Housing services
Medical services
Legal services
Life skills including coping skills, cognitive skills, social skills, ability to manage their living environment and their daily needs
Transportation
Child Care
Other special needs (specify)

Agency: _____

Case Management Assessment

Client _____

Date _____

Domain	Admission (score/status)	6 months (score/status)	1 year (score/status)	18 months (score/status)	2 years (score/status)
Clinical services					
School/Vocational services					
Social services: benefits, fuel assistance, etc.					
Financial services: management of money					
Social supports/networks/Recreational					
Housing and other environmental services					
Medical services					
Legal services					
Functional: Life skills including coping skills, cognitive skills, social skills, ability to manage their living environment and their daily needs					
Transportation					
Child Care					
Permanency and Child Safety					
Other:					

Status Code

Not a need - leave box blank

1. Client would like assistance in accessing services in this area
2. Client not interested in assistance in accessing services in this area
3. Services not available
4. Client already working on identified need with another case manager/provider
5. Client would like assistance in this area but not now.

Scoring Scale

- 0 - 1 Self Sufficient
- 2 - 4 Stable/Safe
- 5 - 7 At Risk
- 8 - 10 Unstable
- 10 - 12 In-Crisis/Not Self-Sufficient

Admission ^ 6 months ^ 1 year

^ 18 months ^ 2 years

Date _____

Domain
<p>Clinical services: Raymond in therapy with _____. Does not attend regularly because of child care problems with younger sibs. Both family and client like current therapist and wish to continue. Ray not on medication at this time. Mom does not want psychiatric assessment but agrees to meet with MD if change in R's status. Child care critical need.</p>
<p>School/Vocational services: Ray has an IEP negotiated for school year which gives him one on one tutoring in reading/math. Mom doesn't consult with teacher on Ray's behavior or his school work but would like to. She does want Ray to stay in regular classrooms. Need to follow-up with teacher re: mom and if tutoring is helpful. He has been expelled 3 times in past 2 months for angry outbursts.</p>
<p>Social services: benefits, fuel assistance, etc. Family does have periods with no food – need to link to food bank locally; family needs assistance in applying for fuel assistance; will work with mom also on ensuring utility companies aware that there is an ill child in house. Mom was involved with DFS when husband in home. He is <u>currently incarcerated</u>.</p>
<p>Financial services: management of money; rep payee: mom is Ray's rep payee for his SSI checks. She states that she is able to manage the family's income and that Ray is properly clothed. She gets lots of family hand-me-downs. She would like assistance in linking to help with getting Ray Christmas present donations.</p>
<p>Social supports/networks/Recreational: Ray would like to be linked to Boys Club for regular activities; Mom thinks her brother might help out with transportation; Ray has few friends, does spend time with cousins regularly. He likes watching sports on TV. There is no computer in house or access to internet – Ray would like to link to library.</p>
<p>Housing services: Housing for Ray is stable. He shares room with two younger siblings – all have their own beds and places to store clothing. Mom is able to manage rent, but has had problems with managing utilities. They have lived in current apartment for 3 years.</p>
<p>Medical services: Ray was diagnosed with HIV at three years. Currently under care of _____ clinic. Mom is able to manage his medications. Mom is also HIV positive and there are multiple appointments monthly for medical appointments. No other sibs affected. Ray is currently in good health and is up to date on vaccinations/dental care.</p>
<p>Legal services: Father incarcerated. Ray has not visited him as he was physically abusive</p>
<p>Life skills including coping skills, cognitive skills, social skills, ability to manage their living environment and their daily needs: Ray does need help with social skills, anger management, time and task management. He has few friends and is easily frustrated and lashes out if he doesn't believe he is being accepted or treated fairly. His cousins complain of this as well. Mom and Ray would consider an after-school day treatment program that focused on skill building</p>
<p>Transportation: mom does need help with transporting Ray to medical and therapy appointments.</p>
<p>Child Care: Mom reluctant to always call on family for help with child care and so sometimes will skip Ray's appointments with therapist. Need to find alternative sources or to organize appointments Ray's appointments so that multiple appts completed on same day.</p>
<p>Other special needs (specify): Permanency is not an issue at this time: No child safety issues noted.</p>

Client: _____

Date: _____

The following assessment is based on a review of assessments and interviews with the Individual as well as other providers/systems listed below: Include date of interview/signature on assessment

1. Medical Contact/Medical Assessment: (if no medical contact listed explain why):

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Life Goal: _____

Treatment Goal: _____

Signature and Credential of CM

Date of Completion

Client _____ Date _____

Domain	Admission (score/status)	6 months (score/status)	1 year (score/status)	18 months (score/status)	2 years (score/status)
Clinical services					
Vocational services					
Social services: benefits, fuel assistance, etc.					
Financial services: management of money; rep payee					
Social supports/networks/recreation					
Housing services					
Medical services					
Legal services					
Functional : Life skills including coping skills, cognitive skills, social skills, ability to manage their living environment and their daily needs					
Transportation					
Child Care					
Permanency, child safety					
Other:					

Scoring Scale	
0 - 1	Self Sufficient
2 - 4	Stable/Safe
5 - 7	At Risk
8 - 10	Unstable
10 - 12	In-Crisis/Not Self-Sufficient

- Status Code**
- Not a need – leave box blank
1. Client would like assistance in accessing services in this area
 2. Client not interested in assistance in accessing services in this area
 3. Services not available
 4. Client already working on identified need with another case manager/provider
 5. Client would like help with this issue but not now

NOTES

Admission __ months __ year __ months __ years

Date _____

Domain: List relevant strengths, needs, available resources, preferences, what has or has not worked, and goals for each area of linkage

Clinical services

Vocational services

Social services: benefits, fuel assistance, etc.

Financial services: management of money; rep payee

Social supports/networks

Housing services

Medical services

Legal services

Functioning: Life skills including coping skills, cognitive skills, social skills, ability to manage their living environment and their daily needs

Transportation

Child Care

Permanency planning, child safety

Other:

CASE PLAN WORKSHEET

Client Name (First Mary Middle E Last) Thornton	
Name of Case Manager: Bill Stein	
Recovery Goal: "I want to go back to school and work with children. "	
Objective: Mary will be able to manage her anxiety so that she can get her library card and visit the library weekly.	
Linkage/Referral: Psychiatrist	Action Steps: List the steps, activities that will need to occur to complete this intervention 1. Get authorizations for most recent hospitalization to psychiatrist. 2. Each appointment including initial appointment: <ul style="list-style-type: none"> • Meet with Mary day before to develop written list of questions and concerns – fax to clinic • If Mary has seen PCP or other specialists in interim add this information to fax with any changes to meds/concerns • Reminder call to Mary and to brother • Call to clinic post-visit to see if any changes to meds, lab orders, referrals, etc. – let brother know of any changes. • Call to Mary to see if she has any questions post-visit and confirm her next appointment. 3. Contact PCP and inform of any med changes, labs ordered, etc.
Linkage/Referral Therapist –Mary refusing now but will consider	Action Steps 1. Assess weekly with Mary her willingness to consider therapy to manage anxiety and address symptoms of depression. Determine if any prior treatment episode seemed to work for her and see if therapist still around. 2. Get authorization to get old treatment records to review and discuss with Mary. 3. Ask psychiatrist for his or her recommendations for additional services for Mary
Linkage/Referral PSR program – Mary refusing now but will consider	Action Steps 1. Assess weekly with Mary her willingness to consider PSR program as an opportunity to address symptoms with symptom management, wellness and recovery, and possible social skills groups. Go over group schedule with Mary to see if she has any interest. 2. Determine if Mary willing to visit PSR program for a day to see if she might be interested. 3. Meet with brother and Mary together to discuss psych rehab process and how that might assist Mary in reaching her recovery goal. 4. Ask psychiatrist for his or her recommendations for additional services for Mary
Linkage/Referral	Action Steps: List the steps, activities that will need to occur to complete this intervention

