

Assigned Contractor	Assigned Date:	Reassigned:	Reassigned Date:	Comments/Notes:

Case Name	Service Standard	Referral ID	Referral Date:	Discharge Date:	DC Report signed?:	Completed Date:
	HBCW <i>(Home Based Casework)</i>				<input checked="" type="checkbox"/> Yes - No	Place a check in this box when the case is closed and EVERYTHING on this checklist is corrected and uploaded into basecamp (check once this checklist is completed)

Initial Intake paperwork:			Progress Notes <i>(PN completed for every visit/communication)</i> <u>(in the boxes below type the date of each communication/FF in your PN report or can enter the month and year to represent the full monthly PN report is uploaded)</u>			
<i>(Complete within first 2 visits, upload within first 2 weeks)</i>	<u>Document Date (Date of the document)</u>	<u>Received (place a checkmark once uploaded into basecamp)</u>				

			Date	Received	Date	Received	Date	Received	Date	Received
Referral										
Initial Email/Text										
Consent to Expungement			1)		13)			25)		37)
HIPPA			2)		14)			26)		38)
CIC (Confidential Info Consent)			3)		15)			27)		39)
Client Bill of Rights			4)		16)			28)		40)
Preliminary Plan Of Action			5)		17)			29)		41)
Intake/Assessment			6)		18)			30)		42)
Case Plan (typed w/PD sign.)			7)		19)			31)		43)
Safety Plan			8)		20)			32)		44)
			9)		21)			33)		45)
			10)		22)			34)		46)
Family Budget (optional)			11)		23)			35)		47)
Home Inventory (optional)			12)		24)			36)		48)

Monthly Reports (completed every month)		30 Day Family Budget (optional)		30 Day Home Inventory (optional)		90 Day Case Plan		90 Day Intake Assessment		Misc. Doc. (completed as occurs)	
Date	Received	Date	Received	Date	Received	Date	Received	Date	Received	Form Name	Date- Received
1)		1)		1)		1)		1)		Email	
2)		2)		2)		2)		2)		Incident Report	
3)		3)		3)		3)		3)		Court	
4)		4)		4)		4)		4)		CFTM	
5)		5)		5)		5)		5)		CFTM	
6)		6)		6)		Verification of Client Contact				CFTM	
7)		7)		7)		Date	Received	Date	Received	Court	
8)		8)		8)		1)		7)			
9)		9)		9)		2)		8)			
10)		10)		10)		3)		9)			
11)		11)		11)		4)		10)			
12)		12)		12)		5)		11)			
13)		13)		13)		6)		12)			