



Benefits Case Management Checklist Template

Client Intake & Assessment

Initial information gathering, needs assessment, and eligibility verification.

Client Name

Write something...

Date of Intake

Enter date...

Age

Enter a number...

Reason for Seeking Assistance

Write something...

Primary Need

- ☐ Housing
- ☐ Food Assistance
- ☐ Medical Care
- ☐ Financial Aid
- ☐ Employment Assistance

Relevant Challenges

- ☐ Homelessness
- ☐ Domestic Violence
- ☐ Substance Abuse
- ☐ Mental Health
- ☐ Disability

Identification Document (e.g., Driver's License)

 Upload File

Benefit Application Process

Documentation and submission of applications for various benefit programs.

Benefit Program Applied For

- ☐ SNAP
- ☐ TANF
- ☐ Medicaid
- ☐ SSI
- ☐ Other

Application Submission Date

Enter date...

Reason for Benefit Application (Brief Explanation)

Write something...

Proof of Income Documents (Pay stubs, tax returns)

 Upload File

Household Size

Enter a number...

Application Status

- ☐ Submitted
- ☐ Under Review
- ☐ Approved
- ☐ Denied

Notes on Application Submission

Write something...

Coordination of Care

Linking clients with relevant services, providers, and support systems.

Primary Care Physician

- ☐ Physician A
- ☐ Physician B
- ☐ Physician C
- ☐ No Primary Care Physician

Mental Health Services Needed?

- ☐ Yes
- ☐ No
- ☐ Assessment Recommended

Specialized Services Required

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Social Work Services
- ☐ Transportation Assistance

Next Appointment with Specialist

Enter date...

Referral Notes

Write something...

Relevant Medical Records

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Monitoring & Advocacy

Tracking progress, addressing challenges, and advocating for client needs.

Last Progress Review Date

Enter date...

Days Since Last Client Contact

Enter a number...

Current Case Status

- ☐ Active
- ☐ Pending Review
- ☐ Escalated
- ☐ Resolved

Summary of Recent Advocacy Efforts

Write something...

Upcoming Advocacy Deadline (e.g., Appeal Date)

Enter date...

Current Challenges Requiring Advocacy

- ☐ Benefit Denial
- ☐ Service Access Barriers
- ☐ Housing Instability
- ☐ Healthcare Needs
- ☐ Legal Issues

Name of Advocate Contacted

Write something...

Documentation & Record Keeping

Maintaining accurate and comprehensive client records in compliance with regulations.

Date of Record Creation

Enter date...

Initial Assessment Notes

Write something...

Uploaded Documents (e.g., ID, Proof of Residency)

 Upload File

Record Status

- ☐ Active
- ☐ Inactive
- ☐ Closed

Case ID

Enter a number...

Client Name

Write something...

Summary of Key Findings

Write something...

Case Closure & Follow-up

Finalizing cases, providing ongoing support, and ensuring long-term stability.

Case Closure Date

Enter date...

Summary of Case Progress & Outcomes

Write something...

Client Status Upon Closure

- ☐ Stable & Self-Sufficient
- ☐ Requires Ongoing Support
- ☐ Transitioning to Another Program
- ☐ Deceased

Total Resources Provided (Value)

Enter a number...

Notes on Client's Future Needs (if applicable)

Write something...

Referral to Other Services?

- ☐ Yes
- ☐ No

Supporting Documentation (if applicable)

 Upload File

Compliance & Reporting

Adhering to program guidelines, completing required reports, and ensuring data integrity.

Last Compliance Review Date

Enter date...

Case Number

Enter a number...

Reporting Requirements Met?

- ☐ Yes
- ☐ No
- ☐ Partial

Compliance Notes/Observations

Write something...

Supporting Documentation (e.g., Audit Reports)

 Upload File

HIPAA Compliance Status

- ☐ Compliant
- ☐ Needs Review
- ☐ Non-Compliant

Next Review Due Date

Enter date...

Client Communication & Engagement

Maintaining open communication, building rapport, and actively involving clients in their case management.

Last Client Contact Date

Enter date...

Summary of Client Conversation

Write something...

Client Communication Method

- ☐ Phone
- ☐ Email
- ☐ In-Person
- ☐ Video Call

Client Concerns/Feedback

Write something...

Number of Calls/Meetings this Month

Enter a number...

Client Engagement Level

- ☐ Highly Engaged
- ☐ Moderately Engaged
- ☐ Minimally Engaged