ChecklistGuro

Case Management Checklist Template

Show only Checklist

Display Style
Default

Case Intake & Assessment

Initial steps for receiving and evaluating a case.

Date of Initial Contact

Enter date...

Summary of Initial Client Presentation

Write something...

Reason for Case Intake

- [ ] Referral
- [ ] Self-Referral
- [ ] Legal Mandate
- [ ] Other

Client Age

Enter a number...

Primary Concerns Reported

- [ ] Housing
- [ ] Financial
- [ ] Legal
- [ ] Mental Health
- [ ] Physical Health
- [ ] Employment
- [ ] Family/Relationships

Referring Agency (if applicable)

Write something...

Initial Observations & Potential Risks

Write something...

Client Information Verification

Confirming client identity and relevant details.

Full Name

Write something...

Date of Birth (YYYY)

Enter a number...

Address

Write something...

Phone Number

Write something...

Identification Type

- [ ] Driver's License
- [ ] Passport
- [ ] Social Security Card
- [ ] Other

Copy of Identification

Upload File

Emergency Contact Name

Write something...

Emergency Contact Phone

Write something...

Needs Assessment & Goal Setting

Identifying client needs and establishing desired outcomes.

Client's Perceived Needs (in their own words)

Write something...

Primary Areas of Need (select all that apply)

- [ ] Housing
- [ ] Employment
- [ ] Healthcare
- [ ] Financial Assistance
- [ ] Legal Aid
- [ ] Education/Training
- [ ] Mental Health Support
- [ ] Substance Abuse Support
- [ ] Transportation

Client's Income (monthly)

Enter a number...

Client's Strengths and Resources

Write something...

Client's Level of Engagement

- [ ] Highly Engaged
- [ ] Moderately Engaged
- [ ] Low Engagement
- [ ] Unsure

Initial Case Goals (collaboratively established)

Write something...

Goal Review Date

Enter date...

Resource Identification & Allocation

Locating and assigning appropriate resources to support the case.

Primary Support Worker Assigned

- [ ] Worker A
- [ ] Worker B
- [ ] Worker C
- [ ] Pending Assignment

Specialized Services Required

- [ ] Legal Aid
- [ ] Mental Health Support
- [ ] Financial Counseling
- [ ] Medical Care
- [ ] Housing Assistance
- [ ] None

Estimated Budget Allocation

Enter a number...

Supporting Documentation (e.g., referrals)

Upload File

Referral Date

Enter date...

Transportation Resources

- [ ] Agency Provided
- [ ] Client Responsibility
- [ ] Pending
- [ ] Not Required

Service Delivery & Implementation

Executing planned interventions and providing services.

Service Delivery Start Date

Enter date...

Description of Services Provided

Write something...

Number of Sessions Completed

Enter a number...

Service Delivery Method

- [ ] In-Person
- [ ] Remote (Video)
- [ ] Remote (Phone)

Supporting Documentation (e.g., Progress Notes)

Upload File

Duration of each session

Enter time...

Progress Monitoring & Evaluation

Tracking progress, assessing effectiveness, and making adjustments.

Date of Progress Review

Enter date...

Progress Score (1-5)

Enter a number...

Summary of Progress Made

Write something...

Challenges Encountered & Solutions Implemented

Write something...

Overall Assessment of Progress

- [ ] On Track
- [ ] Slightly Behind Schedule
- [ ] Significantly Behind Schedule
- [ ] Requires Adjustment

Areas Requiring Further Attention

- [ ] Financial Support
- [ ] Housing Assistance
- [ ] Emotional Support
- [ ] Legal Aid
- [ ] Healthcare Access

Notes from Stakeholder/Client Feedback (if applicable)

Write something...

Date of Next Review

Enter date...

Documentation & Record Keeping

Ensuring accurate and complete case records are maintained.

Date of Record Creation

Enter date...

Summary of Initial Assessment Notes

Write something...

Supporting Documentation (e.g., reports, correspondence)

Upload File

Record Type

- [ ] Intake Record
- [ ] Progress Note
- [ ] Correspondence
- [ ] Closure Record

Detailed Actions Taken & Outcomes

Write something...

Number of Pages in Attached Documents

Enter a number...

Case Manager Signature

Record Identifier/Case Number

Write something...

Communication & Collaboration

Facilitating communication with clients, stakeholders, and team members.

Last Client Contact Date

Enter date...

Contact Method (Phone, Email, In-Person)

Write something...

Summary of Communication & Key Discussion Points

Write something...

Stakeholders Involved in Communication

- [ ] Client
- [ ] Family Member
- [ ] Legal Representative
- [ ] Service Provider
- [ ] Case Manager Supervisor

Topics Discussed

- [ ] Progress Updates
- [ ] Service Plan Review
- [ ] Financial Matters
- [ ] Concerns/Challenges
- [ ] Goals/Objectives

Next Communication Planned (Type)

Write something...

Date of Next Communication

Enter date...

Risk Management & Safety

Identifying and mitigating potential risks to client safety and well-being.

Client’s Current Risk Level

- [ ] Low
- [ ] Moderate
- [ ] High
- [ ] Critical

Description of Identified Risks

Write something...

Potential Risk Factors (Select all that apply)

- [ ] Substance Abuse
- [ ] Mental Health Concerns
- [ ] Domestic Violence
- [ ] Financial Instability
- [ ] Social Isolation
- [ ] Neglect/Abuse
- [ ] Other

Safety Plan Details

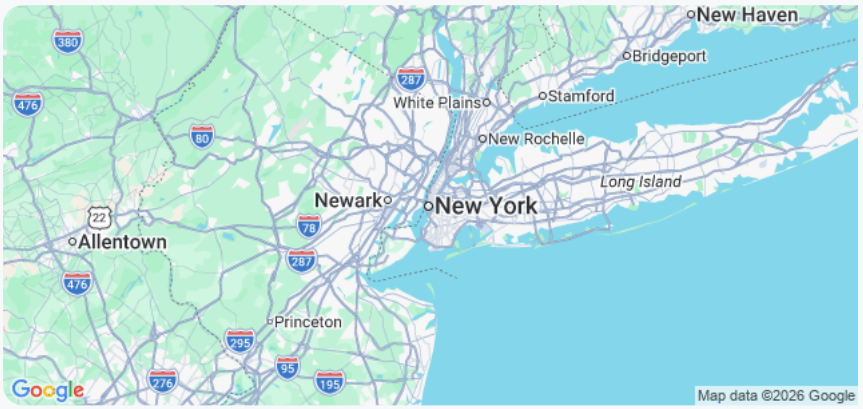
Write something...

Next Safety Plan Review Date

Enter date...

Location of Potential Safety Concerns

Set My Current Location



Staff Signature (Acknowledging Risk Assessment)

Case Closure & Transition

Finalizing the case, ensuring a smooth transition, and documenting outcomes.

Case Closure Date

Enter date...

Summary of Case Outcomes & Progress

Write something...

Client Satisfaction (Post-Closure)

- [ ] Very Satisfied
- [ ] Satisfied
- [ ] Neutral
- [ ] Dissatisfied
- [ ] Very Dissatisfied

Recommendations for Future Support (if applicable)

Write something...

Referral to Other Services (if applicable)

- [ ] Yes
- [ ] No

Details of Referral (if applicable)

Write something...

Case Manager Signature

Case Manager Name (Printed)

Write something...