

# Case Management Checklist Template

## 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

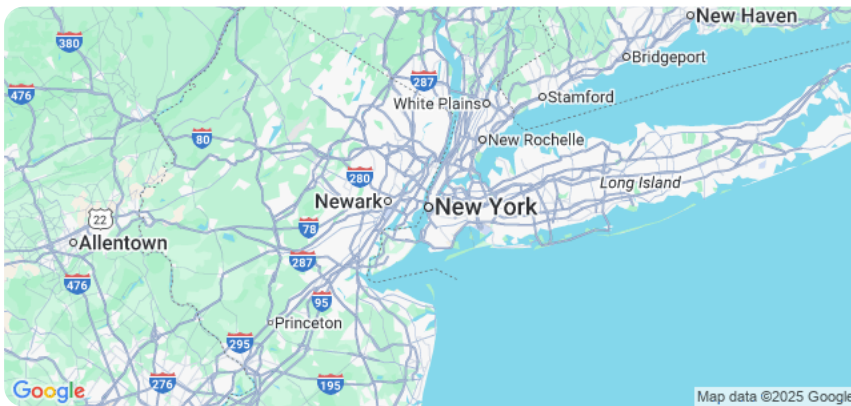
Write something...

### 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

### Summary of Case Outcomes & Progress

### Client Satisfaction (Post-Closure)

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

### Recommendations for Future Support (if applicable)

**Referral to Other Services (if applicable)**

Yes

No

**Details of Referral (if applicable)**

Write something...

**Case Manager Signature**

\_\_\_\_\_

**Case Manager Name (Printed)**

Write something...