



# Child Welfare Case Management Checklist Template

 Show only Checklist

Display Style  
Default 

## Intake & Referral


Initial assessment and referral source documentation.

### Date of Referral

Enter date...

### Referring Agency/Source Details

Write something...

Hi there, need help? 



### Reason for Referral

- Neglect
- Abuse (Physical)
- Abuse (Emotional)
- Abuse (Sexual)
- Abandonment
- Other

### Child's Full Name

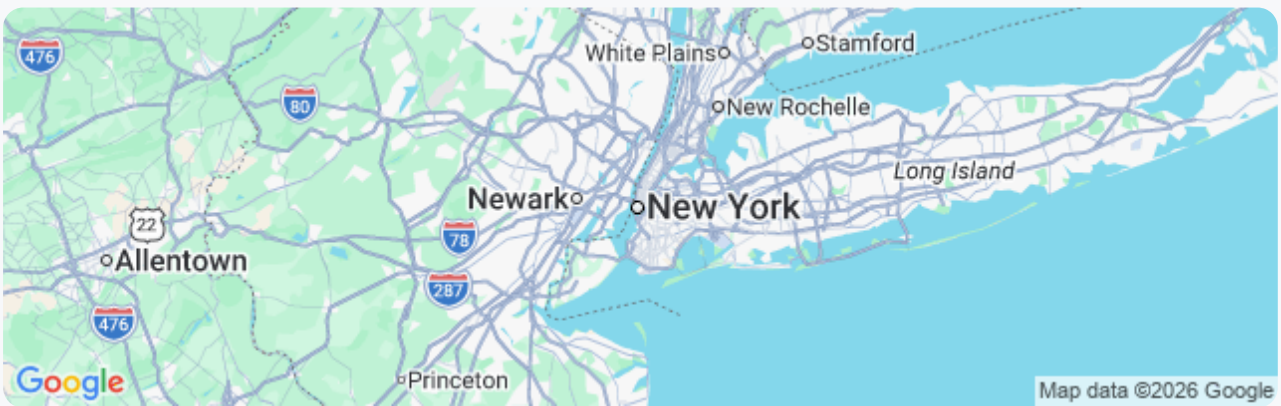
Write something...

### Parent/Guardian Name(s)

Write something...

### Child's Current Address

 [Set My Current Location](#)



### Child's Age

Enter a number...

Hi there, need help?

# Family Assessment

Comprehensive evaluation of family dynamics, needs, and strengths.

## Presenting Concerns/Reasons for Referral

Write something...

## Family Structure & Composition

- Nuclear Family
- Single Parent Family
- Blended Family
- Extended Family
- Foster Family

## Number of Children in Household

Enter a number...

## Date of Birth (Parent 1)

Enter date...

Hi there, need help?

### Parent 1 Occupation

Write something...

### Parent 1 Education Level

- High School
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree

### Summary of Strengths Observed

Write something...

## Safety Planning

Development and implementation of immediate safety measures for the child.

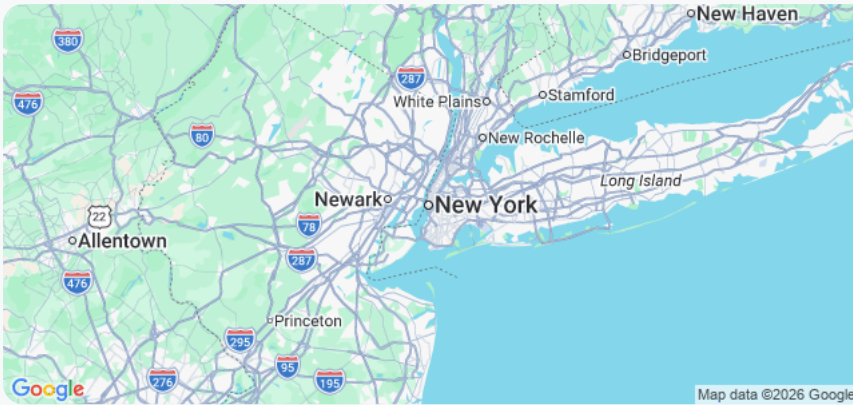
### Immediate Safety Threats Identified

Write something...

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## Safe Place(s) Designated for Child

 [Set My Current Location](#)



## Safety Plan Review with Family?

Yes

No

## Family's Understanding of Safety Plan

Write something...

Hi there, need help?

### Date Safety Plan Implemented

Enter date...

### Safety Measures Implemented (Check all that apply)

- Restricting Contact
- Relocation
- Supervised Visits
- Emergency Shelter
- Other

### Contact Information for Emergency Contacts

Write something...

## Service Coordination

Arranging and monitoring access to necessary services (e.g., therapy, counseling, housing).

### Primary Service Need

- Mental Health Counseling
- Substance Abuse Treatment
- Housing Assistance
- Medical Care
- Educational Support
- Legal Aid

Hi there, need help?

### Service Provider Notes

Write something...

### Service Units Provided

Enter a number...

### Service Start Date

Enter date...

### Service End Date (if applicable)

Enter date...

### Service Provider

- Agency A
- Agency B
- Agency C

### Supporting Documentation (e.g., referral, invoice)

 Upload File

Hi there, need help?

# Legal Proceedings

Tracking court hearings, filings, and legal mandates.

## Initial Filing Date

## Case Number

## Court Type

- Family Court
- Juvenile Court
- Probate Court

## Hearing Date

## Hearing Time

Hi there, need help?

### Summary of Court Proceedings

Write something...

### Court Documents Upload

 Upload File

### Order Number

Enter a number...

## Visitation

Monitoring and documentation of parent-child visitation schedules.

### Scheduled Visitation Date

Enter date...

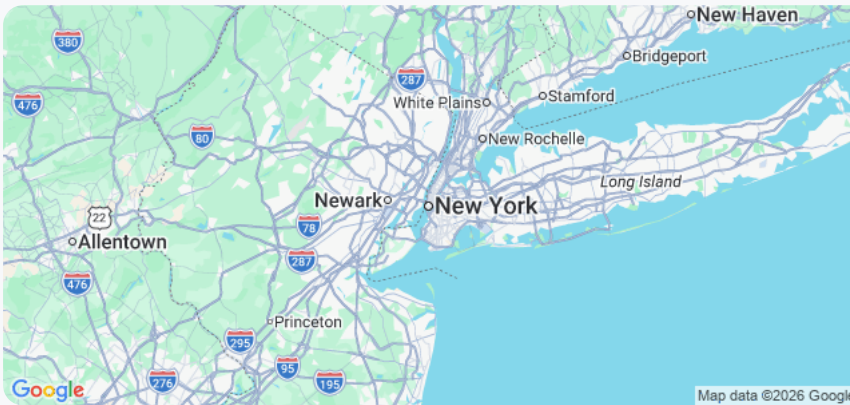
Hi there, need help?

## Scheduled Visitation Start Time

Enter time...

## Visitation Location

 Set My Current Location



## Visitation Observation Notes

Write something...

## Visitation Outcome

- Successful
- Modified
- Cancelled
- Unsuccessful

Hi there, need help?

**Caseworker Signature**

**Number of Attendees (excluding child)**

Enter a number...

## Progress Monitoring

Regular review of case progress and adjustments to the plan as needed.

**Last Progress Review Date**

Enter date...

**Progress Score (1-10)**

Enter a number...

**Summary of Progress and Challenges**

Write something...

Hi there, need help?

### Service Plan Modifications Needed?

- Yes
- No

### Next Review Date

Enter date...

### Specific Goals Met/Not Met

Write something...

### Areas Requiring Further Support

- Housing
- Financial Assistance
- Mental Health Services
- Substance Abuse Treatment
- Parenting Skills Training
- Educational Support

## Case Closure

Finalization of the case, including documentation and follow-up procedures.

### Case Closure Date

Enter date...

Hi there, need help?

## Summary of Case Outcomes & Progress

Write something...

## Reason for Case Closure

- Reunification
- Permanent Placement
- Aging Out
- Other

## Summary of Services Provided

Write something...

## Total Services Provided

Enter a number...

## Final Case Report

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Hi there, need help?

### Case Worker Signature

### Follow-up Required?

Yes

No

## Documentation & Record Keeping

Ensuring all interactions, assessments, and plans are accurately documented.

### Date of Initial Record Creation

### Summary of Initial Assessment Notes

### Upload of Initial Assessment Documents (e.g., referral, reports)

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Hi there, need help?

### Case File Number

Enter a number...

### Record of Communication Log (dates, people, topics)

Write something...

### Document Status

- Draft
- Reviewed
- Final

## Reporting & Compliance

Adherence to reporting requirements and agency policies.

### Last Report Submission Date

Enter date...

Hi there, need help?

## Report Type

- Monthly Progress Report
- Annual Report
- Incident Report
- Court Report

## Case ID

Enter a number...


## Summary of Findings

Write something...

## Compliance Status

- Compliant
- Non-Compliant
- Partially Compliant

## Supporting Documentation

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Hi there, need help?