



# Disability Case Management Checklist Template

## Initial Assessment & Intake

Gathering initial information and determining eligibility.

**Client Full Name**

Write something...

**Date of Initial Contact**

Enter date...

**Referral Source (if applicable)**

Write something...

**Client Age**

Enter a number...

### Primary Disability Type

- ☐ Physical
- ☐ Mental Health
- ☐ Developmental
- ☐ Sensory
- ☐ Other

### Brief Description of Presenting Concerns

Write something...

### Date of Birth

Enter date...

## Documentation & Verification

Collecting and verifying supporting documentation.

### Date of Application Received

Enter date...

### Proof of Identity (e.g., Driver's License, Passport)



Upload File

### Social Security Card or Documentation

 Upload File

### Social Security Number

Enter a number...

### Proof of Residency (e.g., Utility Bill, Lease Agreement)

 Upload File

### Description of Disability and Functional Limitations

Write something...

### Type of Disability

- ☐ Physical
- ☐ Mental
- ☐ Developmental
- ☐ Sensory
- ☐ Other

### Date of Disability Onset

Enter date...

## Service Planning & Coordination

Developing a service plan and coordinating with relevant providers.

**Primary Service Needs**

- ☐ Medical
- ☐ Vocational
- ☐ Housing
- ☐ Transportation
- ☐ Personal Care
- ☐ Financial Assistance

**Service Providers Involved**

- ☐ Medical Professionals
- ☐ Vocational Rehabilitation
- ☐ Social Workers
- ☐ Case Managers
- ☐ Therapists

**Service Plan Start Date**

Enter date...

**Service Plan Review Date**

Enter date...

**Service Plan Goals & Objectives**

Write something...

### Estimated Service Hours/Week

Enter a number...

### Communication Method with Service Providers

- ☐ Phone
- ☐ Email
- ☐ In-Person Meetings
- ☐ Written Reports

## Benefit Application Assistance

Assisting with applications for disability benefits (e.g., SSDI, SSI).

### Benefit Program Applied For

- ☐ SSDI
- ☐ SSI
- ☐ Medicaid
- ☐ SNAP

### Application Submission Date

Enter date...


### Description of Barriers to Application

Write something...

### Estimated Income (Annual)

Enter a number...

### Supporting Documentation (e.g., Tax Returns)

 Upload File

### Representation Status

- ☐ Self-Representation
- ☐ Attorney Representation

### Attorney Name (if applicable)

Write something...

## Medical Records Review

Reviewing medical records for eligibility and service needs.

### Record Received Date

Enter date...

### Summary of Medical History

Write something...

### Number of Physician Visits

Enter a number...

### Diagnosis Documentation

- ☐ Present
- ☐ Absent
- ☐ Unclear

### Relevant Medical Conditions

- ☐ Cardiovascular Disease
- ☐ Respiratory Illness
- ☐ Neurological Condition
- ☐ Mental Health Condition
- ☐ Musculoskeletal Disorder

### Uploaded Medical Records

 Upload File

## Progress Monitoring & Reporting

Tracking progress towards goals and reporting to relevant parties.

### Date of Progress Review

Enter date...

### **Progress Score (e.g., 1-10)**

Enter a number...

### **Summary of Progress Made**

Write something...

### **Challenges Encountered**

Write something...

### **Service Plan Adjustments Needed?**

☐ Yes

☐ No

### **Notes on Service Plan Adjustments**

Write something...

### **Areas Requiring Further Support**

☐ Medical

☐ Financial

☐ Housing

☐ Employment

☐ Transportation



**Case Manager Signature**

**Next Review Date**

Enter date...

## Legal Advocacy & Support

Providing legal advocacy and support as needed.

**Summary of Legal Issue**

Write something...

**Type of Legal Assistance Provided**

- ☐ Letter Writing
- ☐ Representation at Meetings
- ☐ Referral to Attorney
- ☐ Other


**Date of Legal Action/Communication**

Enter date...

### Details of Communication with Legal Representatives

Write something...

### Supporting Legal Documents (e.g., correspondence, affidavits)

 Upload File

### Outcome of Legal Action/Communication

- ☐ Resolved Favorably
- ☐ Resolved Unfavorably
- ☐ Pending
- ☐ No Action Taken

## Appeals & Hearings

Assisting with appeals and hearings related to disability benefits.

### Appeal Filing Date

Enter date...

### Reason for Appeal

Write something...

### Appeal Level

- ☐ Initial Appeal
- ☐ Reconsideration
- ☐ Hearing
- ☐ Judicial Review

### Supporting Documentation (e.g., Medical Records, Correspondence)

 Upload File

### Appeal Reference Number (if applicable)

Enter a number...

### Hearing Date (if scheduled)

Enter date...

### Hearing Time (if scheduled)

Enter time...

## Case Closure & Transition

Properly closing the case and transitioning services.

### Case Closure Date

Enter date...

## Summary of Case Progress & Outcomes

Write something...


## Reason for Case Closure

- ☐ Maximum Benefit Achieved
- ☐ Client No Longer Requires Services
- ☐ Client Moved/Contact Lost
- ☐ Other

## Additional Notes/Comments

Write something...

## Final Documentation Upload (Optional)

 Upload File

## Case Manager Signature

# Compliance & Audit

Ensuring compliance with regulations and preparing for audits.

### Last Compliance Review Date

Enter date...

### Applicable Regulations (select all that apply)

- ☐ HIPAA
- ☐ ADA
- ☐ State Specific Regulations
- ☐ Federal Guidelines

### Number of Audits Conducted This Year

Enter a number...

### Summary of Audit Findings

Write something...

### Audit Documentation

 Upload File

### Corrective Action Plan Status

- ☐ In Progress
- ☐ Completed
- ☐ Not Required

### Date of Next Scheduled Audit

Enter date...