



# Government Case Management Checklist Template

## Case Intake & Assessment

Initial assessment and data gathering for new cases.

### Client Referral Source

Write something...

### Client Name

Write something...

### Date of Intake

Enter date...

### Age

Enter a number...

### Primary Language

- ☐ English
- ☐ Spanish
- ☐ Other

### Reason for Seeking Assistance

Write something...

### Supporting Documentation (if applicable)

 Upload File

## Eligibility Verification

Confirming the client meets program requirements.

### Income Verification Method

- ☐ Pay Stubs
- ☐ Tax Returns
- ☐ Bank Statements
- ☐ Other Documentation

### Monthly Income

Enter a number...

### Date of Income Verification

Enter date...

### Residency Status

- ☐ Permanent Resident
- ☐ Citizen
- ☐ Other (Specify)

### Explanation of Residency Status (if applicable)

Write something...

### Supporting Documents (e.g., ID, Lease Agreement)

 Upload File

### Disability Status

- ☐ Yes
- ☐ No
- ☐ Pending

## Service Planning & Coordination

Developing and coordinating services to meet client needs.

### Primary Need/Issue

- ☐ Housing
- ☐ Employment
- ☐ Healthcare
- ☐ Financial Assistance
- ☐ Legal Aid
- ☐ Education

### Services Requested

- ☐ Case Management
- ☐ Referral to Housing Program
- ☐ Job Training
- ☐ Financial Literacy Workshops
- ☐ Mental Health Counseling

### Service Plan Start Date

Enter date...

### Specific Service Plan Details and Goals

Write something...

### Primary Care Provider (if applicable)

- ☐ Yes
- ☐ No

### Estimated Service Duration (in weeks)

Enter a number...

## Documentation & Record Keeping

Maintaining accurate and complete records of case activities.

### Case Notes (Date/Time)

Write something...

### Date of Initial Assessment

Enter date...

### Supporting Documents (e.g., IDs, Proof of Income)

 Upload File

### Case ID Number

Enter a number...

### Document Type (e.g., Application, Report, Correspondence)

- ☐ Application
- ☐ Report
- ☐ Correspondence
- ☐ Other

### Time of Service Delivery (if applicable)

Enter time...

### Summary of Client Communication

Write something...

## Progress Monitoring & Evaluation

Tracking client progress and evaluating service effectiveness.

### Progress Towards Goal (1-10)

Enter a number...

### Overall Assessment

- ☐ Significant Progress
- ☐ Moderate Progress
- ☐ Limited Progress
- ☐ No Progress

### Summary of Progress & Challenges

Write something...

### Last Progress Review Date

Enter date...

### Areas Requiring Further Intervention

- ☐ Housing
- ☐ Employment
- ☐ Education
- ☐ Healthcare
- ☐ Legal Assistance

### Client Satisfaction Score (1-5)

Enter a number...

## Communication & Collaboration

Ensuring effective communication with client, family, and other stakeholders.

### Date of Client Contact

Enter date...

### Contact Method (e.g., Phone, Email, In-Person)

Write something...

### Summary of Communication with Client

Write something...

### Stakeholders Involved in Communication

- ☐ Client
- ☐ Family Member
- ☐ Legal Counsel
- ☐ Agency Staff
- ☐ Other

### Name of Contact Person (if not client)

Write something...

### Key Decisions Made During Communication

Write something...

### Communication Outcome

- ☐ Resolved
- ☐ Follow-up Required
- ☐ Further Information Needed
- ☐ No Action Needed

## Legal Compliance & Reporting

Adhering to relevant laws, regulations, and reporting requirements.



### Initial Case File Review Date

Enter date...

### Applicable Laws/Statutes

- ☐ Federal Law
- ☐ State Law
- ☐ Local Ordinance

### Summary of Relevant Legal Framework

Write something...

### Case ID (for Reporting)

Enter a number...

### Mandatory Reporting Requirements?

- ☐ Yes
- ☐ No

### Date of Last Compliance Review

Enter date...

### Supporting Documentation (e.g., legal opinions)

 Upload File

## Case Closure & Transition

Formalizing case closure and ensuring a smooth transition for the client.

### Case Closure Date

Enter date...

### Summary of Case Progress & Outcomes

Write something...

### Reason for Case Closure

- ☐ Goals Achieved
- ☐ Client No Longer Requires Services
- ☐ Client Request
- ☐ Program Limitations
- ☐ Other

### Transition Plan Details (if applicable)

Write something...

### Referral to Other Services (Yes/No)

- ☐ Yes
- ☐ No

### Details of Referral (if applicable)

Write something...

### Case Manager Signature

### Client Signature (acknowledging closure)

## Security & Confidentiality

Protecting client information and maintaining confidentiality.

### Data Encryption Method

- ☐ AES-256
- ☐ RSA
- ☐ Other (Specify)

### Access Control Level

- ☐ Public
- ☐ Limited
- ☐ Restricted

### Last Security Audit Date

Enter date...

### Description of Security Training Received

Write something...

### Password Complexity Requirements Met?

☐ Yes

☐ No

☐ N/A

### Number of Unauthorized Access Attempts (Last 30 Days)

Enter a number...

## Quality Assurance & Auditing

Regularly reviewing and improving case management processes.

### Audit Date

Enter date...

### Audit Type

- ☐ Internal
- ☐ External
- ☐ Peer Review

### Case File Reviewed

Enter a number...

### Summary of Findings

Write something...

### Compliance Areas Reviewed

- ☐ Documentation
- ☐ Service Delivery
- ☐ Legal Requirements
- ☐ Client Rights

### Recommendations for Improvement

Write something...

### Auditor Signature