



Social Services Case Management Checklist Template

Initial Assessment & Intake

Tasks related to the initial contact, information gathering, and needs assessment of the client.

Date of Initial Contact

Time of Initial Contact

Client Full Name

Client Contact Number

Reason for Contact (Client/Referral Source)

Write something...

Referral Source

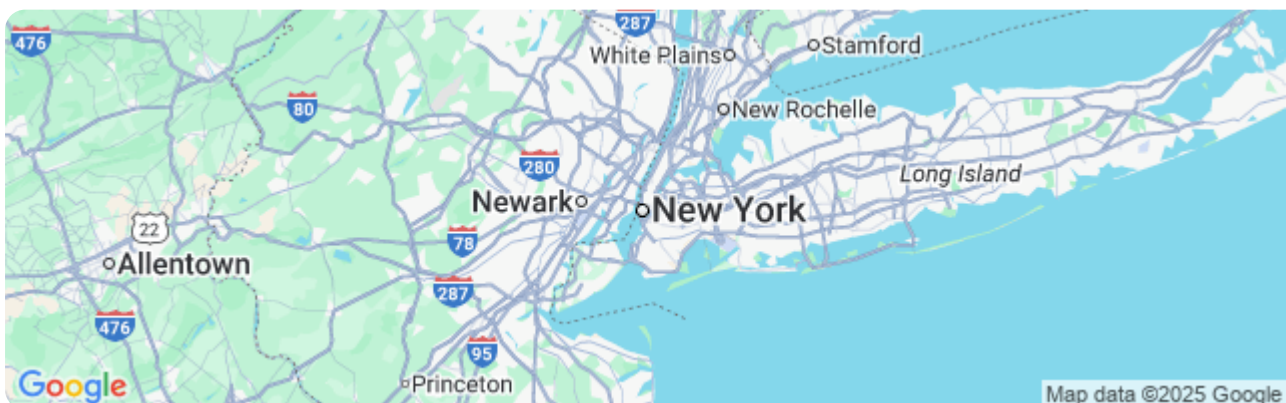
- ☐ Self-Referral
- ☐ Agency Referral
- ☐ Court Referral
- ☐ Other

Immediate Needs Identified

- ☐ Housing
- ☐ Food
- ☐ Medical
- ☐ Financial Assistance
- ☐ Legal Assistance
- ☐ Mental Health
- ☐ Other

Client Location (if applicable)

 [Set My Current Location](#)



Client Background & History

Documentation of relevant client history, including family, education, employment, and prior services.

Family History & Dynamics

Write something...

Educational Background & History

Write something...

Employment History

Write something...

Number of Dependents

Enter a number...

Date of Birth

Enter date...

Prior Mental Health Diagnoses (if any)

- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar Disorder
- ☐ Schizophrenia
- ☐ Other

Significant Life Events

Write something...

Needs Identification & Prioritization

Detailed list of identified needs and prioritization for service delivery.

Describe Client's Immediate Needs

Write something...

Estimated Income Level (Annual)

Enter a number...

Housing Stability?

- ☐ Stable
- ☐ Unstable
- ☐ Homeless

Identified Needs (Select all that apply)

- ☐ Food Security
- ☐ Medical Care
- ☐ Mental Health Support
- ☐ Employment Assistance
- ☐ Legal Aid
- ☐ Transportation

Severity Rating (1-5, 1=Low, 5=High)

Enter a number...

Date Need First Identified

Enter date...

Service Planning & Goal Setting

Development of a case plan with specific, measurable, achievable, relevant, and time-bound (SMART) goals.

Problem Statement

Write something...

Desired Outcome(s)

Write something...

Goal Priority (High/Medium/Low)

☐ High

☐ Medium

☐ Low

Target Completion Date (days from start)

Enter a number...

Planned Review Date

Enter date...

Strategies to Achieve Goal

☐ Individual Counseling

☐ Group Support

☐ Skills Training

☐ Advocacy

☐ Resource Referrals

Contingency Planning (Potential Barriers & Solutions)

Write something...

Resource Coordination & Referrals

Tasks involving connecting clients with appropriate resources and services (housing, food assistance, legal aid, etc.).

Referral Source

- ☐ Agency Referral
- ☐ Self-Referral
- ☐ Court Order
- ☐ Other

Housing Assistance Needed?

- ☐ Yes
- ☐ No
- ☐ Pending

Food Assistance Needed?

- ☐ Yes
- ☐ No
- ☐ Pending

Legal Aid Referral Needed?

- ☐ Yes
- ☐ No

Referral Notes (Specific instructions or details for the referral agency)

Write something...

Referral Date

Enter date...

Contact Person at Referral Agency

Write something...

Phone Number of Referral Agency

Enter a number...

Service Delivery & Monitoring

Ongoing tasks related to providing services and tracking client progress towards goals.

Scheduled Service Delivery Date

Enter date...

Service Delivery Time

Enter time...

Description of Services Provided

Write something...

Quantity of Service Units Delivered

Enter a number...

Service Provider

- ☐ Provider A
- ☐ Provider B
- ☐ Provider C

Challenges Encountered During Service Delivery

- ☐ Client Non-Compliance
- ☐ Resource Limitations
- ☐ Communication Barriers
- ☐ Unexpected Circumstances

Notes on Client Response to Services

Write something...

Documentation & Record Keeping

Ensuring accurate and complete documentation of all case activities and client interactions.

Date of Initial Contact

Enter date...

Summary of Initial Assessment Notes

Write something...


Case File Status

- ☐ Active
- ☐ Pending Review
- ☐ Closed
- ☐ Transferred

Number of Client Contacts Recorded

Enter a number...

Supporting Documents

 Upload File

Notes on Document Review

Write something...

Case Manager Signature

Progress Review & Evaluation

Regularly reviewing progress, adjusting the case plan as needed, and evaluating outcomes.

Date of Progress Review

Enter date...

Summary of Progress Since Last Review

Write something...

Progress Towards Goal 1 (Scale of 1-10)

Enter a number...

Progress Towards Goal 2 (Scale of 1-10)

Enter a number...

Overall Assessment of Progress

- ☐ On Track
- ☐ Slightly Delayed
- ☐ Significantly Delayed
- ☐ Not Making Progress

Explanation of Assessment (if not 'On Track')

Write something...

Case Plan Adjustments Needed?

- ☐ Yes
- ☐ No

Details of Case Plan Adjustments (if needed)

Write something...

Next Review Date

Enter date...

Case Closure & Discharge Planning

Tasks related to formally closing the case and ensuring a smooth transition for the client.

Planned Discharge Date

Enter date...

Summary of Services Provided

Write something...

Discharge Plan Details (Housing, Transportation, Follow-up)

Write something...

Discharge Disposition

- ☐ Stable Housing
- ☐ Transitional Housing
- ☐ Family/Friend Support
- ☐ Shelter
- ☐ Other

Referrals Provided at Discharge

- ☐ Housing Assistance
- ☐ Medical Care
- ☐ Mental Health Services
- ☐ Job Training
- ☐ Legal Aid
- ☐ Other

Contact Information for Follow-up (if applicable)

Write something...

Case Manager Signature

Client Signature (Acknowledgement of Discharge)

Write something...

Compliance & Reporting

Ensuring adherence to relevant regulations, policies, and reporting requirements.

Last Compliance Review Date

Enter date...

Applicable Regulations (Check all that apply)

- ☐ HIPAA
- ☐ State Specific Privacy Laws
- ☐ Agency Policies
- ☐ Federal Grant Requirements

Summary of Compliance Findings (if any)

Write something...

Number of Reported Incidents (related to compliance)

Enter a number...

Supporting Documentation (e.g., Audit Reports)

 Upload File

Compliance Status

- ☐ Compliant
- ☐ Needs Improvement
- ☐ Non-Compliant

Name of Compliance Officer

Write something...

Next Compliance Review Date

Enter date...