

Coordinated Care Management Forms

*(Only utilize if you do not have other methods/tools for assessing service utilization,
risk and strengths of families)*

Current Services and Supports

Please identify all services offered to this family while being served, and indicate whether the service was requested by the family or offered by you. Please note that service referrals may only be tracked one time per category.

Service Category	Currently Utilization	Offered by you?	Requested by Family?
Basic Needs – Clothing			
Basic Needs – Employment Search Skills			
Basic Needs – Employment Skills			
Basic Needs – Employment Living Wage			
Basic Needs – Food			
Basic Needs – Fuel/Utilities			
Basic Needs – Housing			
Basic Needs – Job			
Basic Needs – Transportation to Appointments			
Benefits – Adoption Subsidy			
Benefits – Aid to Aged, Blind and Disabled			
Benefits – Aid to Dependent Children (ADC)			
Benefits – Child Care Subsidy			
Benefits – Developmental Disabilities (SSI/SSDI)			
Benefits – Energy Assistance			
Benefits – Food Stamps			
Benefits – Kids Connection			
Benefits – Medicaid			
Benefits – Other			
Child Development and Support – Leadership programs/activities			
Child Development and Support – Mentoring for child/youth			
Child Development and Support – Recreation/leisure			
Child Development and Support – Transition Age Youth/Skill Training/Independent Living			
Child Development and Support – Youth Development			
Education – 504 Plan			
Education – Alternative School			
Education – IEP			
Education – Primary			
Education – Secondary			
Education – Special Education			
Education – Tutoring			
Health Care – Access Support/Copay			
Health Care – Dental			
Health Care – Insurance			
Health Care – Outpatient Health Facilities			
Health Care – Prescriptions			
Health Care – Primary			

Health Care – Specialized			
Legal and Court Services – Adult			
Legal and Court Services – Juvenile			
Mental Health – Assessment			

Mental Health – Community Based (Day Treatment)			
Mental Health – Community Based (Outpatient)			
Mental Health – Evaluation/Assessment/Diagnostic			
Mental Health – Hospital/Crisis Mental Health			
Mental Health – Medication Management			
Mental Health – Residential Treatment (Youth lives away from home)			
Mental Health-Specialized Residential Treatment (e.g., Holding/Attachment, Sex Offender)			
Mental Health Care and Counseling – Mental Health Facilities			
Mental Health Care and Counseling – Outpatient Mental Health Care			
Non-Therapeutic Supports – Formal Respite			
Non-Therapeutic Supports – Informal Respite			
Non-Therapeutic Supports – Other Home Based Services			
Non-Therapeutic Supports – Other Informal Support			
Parent Education and Support – Child Care			
Parent Education and Support – Individual			
Parent Education and Support – Mentoring			
Parent Education and Support – Other Forms of Parenting Education			
Parent Education and Support – Parenting Classes			
Parent Education and Support – Peer Support			
Parent Education and Support – Specialized Parenting Training			
Parent Education and Support – Support Groups			
Services- Family Team Meetings			
Substance Abuse – Community Based (Day Treatment)			
Substance Abuse – Community Based (Intensive Outpatient)			
Substance Abuse-Community Based (Outpatient)			
Substance Abuse – Evaluation			
Substance Abuse – Hospital/Crisis (e.g. Detox, Crisis Stabilization)			
Substance Abuse – Medication Management (Methadone, Suboxone, etc.)			
Substance Abuse – Residential (Youth lives away from home)			

ASSETS/STRESSORS/RISK FACTORS ASSESSMENT

Date: _____

Is this for INTAKE or DISCHARGE? (Circle one)

Family Name: _____

Connector: _____

(Check all that apply as of today)

Parent/Caregiver Stressors/Risk Factors:		
<input type="checkbox"/> Parent Mental Health	<input type="checkbox"/> History of Maltreatment	<input type="checkbox"/> Parent Physical Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Attitude and Knowledge	<input type="checkbox"/> Relationships with Family/Friends
<input type="checkbox"/> Age	<input type="checkbox"/> Motivation for Support	<input type="checkbox"/> Relationships with Child(ren)
<input type="checkbox"/> Criminal Involvement	<input type="checkbox"/> Social Connections	<input type="checkbox"/> Informal Supports

Child Stressors/Risk Factors:		
<input type="checkbox"/> Physical Development or Disability	<input type="checkbox"/> Social Development	
<input type="checkbox"/> Difficult Behaviors at home, such as:		
<input type="checkbox"/> Not following the rules	<input type="checkbox"/> Sibling Relationships	<input type="checkbox"/> Aggression/Anger
<input type="checkbox"/> Arguing/Lying/Defiance		
<input type="checkbox"/> Difficult Behaviors at school, such as:		
<input type="checkbox"/> Not following the rules	<input type="checkbox"/> Grades/Academics	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Peer	
<input type="checkbox"/> Expulsion	<input type="checkbox"/> Aggression/Anger	
<input type="checkbox"/> Other behaviors/issues, such as:		
<input type="checkbox"/> Sexual Activity	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Running Away
<input type="checkbox"/> Gangs	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Juvenile Justice Inv.
<input type="checkbox"/> CFS Involvement	<input type="checkbox"/> Other Issues	
<input type="checkbox"/> Emotional Development or Mental Health Issues, such as:		
<input type="checkbox"/> Depression	<input type="checkbox"/> Suicide Attempts/Thoughts	<input type="checkbox"/> Self-Harming/Mutilation
<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Grief	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Other: _____		

Family Stressors/Risk Factors:	
<input type="checkbox"/> Marital Conflicts	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Single Parenthood	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Financial Stress	<input type="checkbox"/> Social Isolation
<input type="checkbox"/> Expectations of Child	<input type="checkbox"/> Disciplinary Practices

Environmental Stressors/Risk Factors:		
<input type="checkbox"/> Poverty	<input type="checkbox"/> Income/Employment	<input type="checkbox"/> Food/Nutrition
<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Community Safety	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing	<input type="checkbox"/> Supervision	<input type="checkbox"/> Access to Services
<input type="checkbox"/> Availability of Services		

Date: _____

Is this for INTAKE or DISCHARGE? (Circle one)

Family Name: _____

Connector: _____

(Check all that apply as of today)

Parent Protective Factors

Parental Resilience	
<input type="checkbox"/> Has ability to cope and utilized coping strategies	<input type="checkbox"/> Has Identified Coping Strategies (LIST: text field)
<input type="checkbox"/> Has ability to bounce back from challenges	<input type="checkbox"/> Has Identified Personal and Family Needs
Please list needs:	

Social Connections/Support	
<input type="checkbox"/> Informal Supports that help provide for emotional needs	
Including:	
<input type="checkbox"/> Family Member: _____	<input type="checkbox"/> Church Acquaintance: _____
<input type="checkbox"/> Friend: _____	<input type="checkbox"/> Work Acquaintance: _____
<input type="checkbox"/> Neighbor: _____	<input type="checkbox"/> Other: _____

Knowledge of Parenting and Child Development	
<input type="checkbox"/> Understands and utilizes effective child management techniques	
<input type="checkbox"/> Age appropriate expectations for child's abilities	
<input type="checkbox"/> Has a Safety Plan (Date: _____)	

Concrete Supports	
<input type="checkbox"/> Has access to tangible goods/services to help cope with stress-particularly in times of crisis	

Social/Emotional Competence	
<input type="checkbox"/> Has ability to interact positively with others and communicate emotions effectively	

Family Assets/Protective Factors

Nurturing Relationships	
<input type="checkbox"/> Positive Communication	<input type="checkbox"/> Shows Affections
<input type="checkbox"/> Emotional Openness	<input type="checkbox"/> Support for SPARKS

Establishes Routines	
<input type="checkbox"/> Family Meals	<input type="checkbox"/> Shared Activities
<input type="checkbox"/> Meaningful Traditions	<input type="checkbox"/> Dependability

Maintaining Expectations		
<input type="checkbox"/> Openness about Tough Topics	<input type="checkbox"/> Fair Rules	<input type="checkbox"/> Defined Boundaries
<input type="checkbox"/> Clear Expectations	<input type="checkbox"/> Contributions to Family	

Adapting to Challenges		
<input type="checkbox"/> Management of daily Commitments	<input type="checkbox"/> Adaptability	<input type="checkbox"/> Problem-Solving
<input type="checkbox"/> Democratic Decision-Making		

Connecting to Community		
<input type="checkbox"/> Neighborhood Cohesion in Relationships with Others	<input type="checkbox"/> Enriching Activities	<input type="checkbox"/> Supportive Resources

Family Functioning/Resiliency		
<input type="checkbox"/> Adaptive Skills/Strategies in Times of Crisis		
<input type="checkbox"/> Openly Shares Positive and Negative Experiences		
<input type="checkbox"/> Able to Mobilize, Accept, Solve, and Manage Problems		

Is this parent(s) interested in becoming a Family Member Leader? YES NO ASK ME AT DISCHARGE

Child Strength/Assets

Support		
<input type="checkbox"/> Family Support	<input type="checkbox"/> Positive Family Communication	<input type="checkbox"/> Other Adult Relationships
<input type="checkbox"/> Caring Neighborhood	<input type="checkbox"/> Caring School/Child Care Environment	<input type="checkbox"/> Parent Involvement in Schooling/Childcare

Empowerment		
<input type="checkbox"/> Community Values Youth/Children	<input type="checkbox"/> Children as Resources	<input type="checkbox"/> Service to Others
<input type="checkbox"/> Safety		

Constructive Use of Time		
<input type="checkbox"/> Creative Activities	<input type="checkbox"/> Child/Youth/Community Programs	<input type="checkbox"/> Religious Community
<input type="checkbox"/> Time at Home		

Commitment to Learning		
<input type="checkbox"/> Achievement Motivation	<input type="checkbox"/> Learning Engagement	<input type="checkbox"/> Homework
<input type="checkbox"/> Bonding to School/Program	<input type="checkbox"/> Reading for Pleasure/Early Literacy	

Positive Values		
<input type="checkbox"/> Caring	<input type="checkbox"/> Equality and Social Justice	<input type="checkbox"/> Integrity
<input type="checkbox"/> Honesty	<input type="checkbox"/> Responsibility	<input type="checkbox"/> Self-Regulation
<input type="checkbox"/> Healthy Lifestyle (8-12)	<input type="checkbox"/> Restraint (12-18)	

Social Competence		
<input type="checkbox"/> Planning and Decision-Making	<input type="checkbox"/> Interpersonal Competence	<input type="checkbox"/> Cultural Competence
<input type="checkbox"/> Resistance Skills	<input type="checkbox"/> Peaceful Conflict Resolution	

Positive Identity		
<input type="checkbox"/> Personal Power	<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Sense of Purpose
<input type="checkbox"/> Positive View of Personal Future		

Care Management for Family Centered Skill development is needed in the following areas:

Transportation		
<input type="checkbox"/> Learning the bus routes	<input type="checkbox"/> Saving for a car	<input type="checkbox"/> Obtaining a driver's license
<input type="checkbox"/> Obtaining registration/car insurance	<input type="checkbox"/> Fixing/maintenance on a car	<input type="checkbox"/> Other: _____

Personal Maintenance		
<input type="checkbox"/> Healthy relationships	<input type="checkbox"/> Support groups	<input type="checkbox"/> Stress management
<input type="checkbox"/> Anger management	<input type="checkbox"/> Parenting classes	<input type="checkbox"/> Other: _____

Personal Hygiene and Cleaning		
<input type="checkbox"/> How to do laundry	<input type="checkbox"/> Cleaning schedule for home	<input type="checkbox"/> Hygiene maintenance
<input type="checkbox"/> Affordable and appropriate dress for employment	<input type="checkbox"/> Other: _____	

Mental/Physical Health		
<input type="checkbox"/> Information about Affordable Care Act	<input type="checkbox"/> Access to health insurance/Medicaid	
<input type="checkbox"/> Access to other benefits	<input type="checkbox"/> Primary physician or info on free clinics	
<input type="checkbox"/> How/when to call for an appointment	<input type="checkbox"/> When to go to the ER	
<input type="checkbox"/> How to get/refill prescriptions	<input type="checkbox"/> Where to go for pre-natal care	
<input type="checkbox"/> Family Planning	<input type="checkbox"/> How/when to contact Boys Town Hotline	
<input type="checkbox"/> Access to other benefits	<input type="checkbox"/> Copies of mental health records	
<input type="checkbox"/> Copies of medical records (dental, vision, immunizations, diagnoses, meds, etc.)	<input type="checkbox"/> Other: _____	

Dietary Needs		
<input type="checkbox"/> Grocery shopping techniques/coupons	<input type="checkbox"/> Cooking tips	<input type="checkbox"/> Healthy diet/food pyramid
<input type="checkbox"/> Reading food labels	<input type="checkbox"/> Meal planning	<input type="checkbox"/> Other: _____

Exercise and Fitness		
<input type="checkbox"/> Fitness goals	<input type="checkbox"/> Nutrition Goals	<input type="checkbox"/> Other: _____

Employment

- | | |
|--|---|
| <input type="checkbox"/> Driver's license/identification card or original social security card | <input type="checkbox"/> Job searching |
| <input type="checkbox"/> Interview skills/mock interviews | <input type="checkbox"/> Professional interview outfit |
| <input type="checkbox"/> Resume (including references) | <input type="checkbox"/> Education on professional behavior |
| <input type="checkbox"/> Conflict management skills | <input type="checkbox"/> How to select employment benefits |
| <input type="checkbox"/> Job shadowing/mentoring | <input type="checkbox"/> Volunteering/internships |
| <input type="checkbox"/> Participating in work study | <input type="checkbox"/> Resolving criminal history |
| <input type="checkbox"/> Locating a daycare | <input type="checkbox"/> Other: _____ |

Financial Knowledge

- | | |
|--|--|
| <input type="checkbox"/> Opening/managing checking account | <input type="checkbox"/> How to make a budget/money management skill |
| <input type="checkbox"/> How to balance a checkbook | <input type="checkbox"/> Understanding potential dangers of credit cards |
| <input type="checkbox"/> Conducting a credit report check | <input type="checkbox"/> Resolving credit issues |
| <input type="checkbox"/> Understanding debt consolidation | <input type="checkbox"/> Knowing how and when to file taxes |
| <input type="checkbox"/> Understanding a check stub | <input type="checkbox"/> Managing savings account (saving \$_____/month) |
| <input type="checkbox"/> Understanding retirement/saving for the future | <input type="checkbox"/> Understanding dangers of Payday Loans/Check |
| <input type="checkbox"/> Understanding Buy Here/Pay Here and Rent to Own | <input type="checkbox"/> Other: _____ |

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