

I. CASE REVIEW

Date: _____

Case Name: _____

[O=Optional M=Mandatory]

Worker: _____

Type of Review: Transfer M

Close Ongoing M

Other/Emerg O

Placement Change M

Filing for P.C. M

Explain: _____

Family Members

Name	Relationship	DOB
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

II. CASELOAD ANALYSIS ELEMENTS

A. Genogram: See Attached Original Update

B. Risk Assessment Information

Baseline Risk for Each Child:

Name:

Level of Risk

List Frequency and Date of Referrals:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Nature of Current Referral/Concerns: _____

Overall Risk (including causal factors; attach strengths and concerns from R.A.; Safety Plans): _____

C. Classification of Family Needs: Transient Emergent Limited Situational Multiple Needs

D. Concurrent Plan:

Number of Hours = _____ L.O.S. 1 2 3

Current Plan

Duration

Outcome

Projected Closure Date

Concurrent Plan

Number of Hours = _____ L.O.S. 1 2 3

Duration

Outcome

Projected Closure Date

III. Basic Issues Summarized to include: Area of concern, specific issues and questions, legal opinion, Worker's recommendation, Supervisory comment.

IV. CASE REVIEW COMMITTEE DECISION

CONSENSUS REACHED

NO CONSENSUS

Recommendations: If change in classification of needs; Level of Service; Plan A or Plan B, Please clarify.

Signatures:

