

Client Planning Form for Joint Community Based Case Management

I. Identifying Information:

Name <small>last</small>	first	MI
Address <small>number & street</small>	city/town	state zip
Phone () -	Diagnosis/HIV Status:	
Collateral(s): (relationship)		
Dependent Children:		
Age	Sex	HIV Status
		In Household
		Location if not in Household
1)		y/n
2)		y/n
3)		y/n
4)		y/n

II. Joint Case Management Needs Assessment:

Utilizing the format on the reverse side of this page, identify the assessed needs which require participation in more than one comprehensive case management program. These must meet the established program criteria and must document the need for joint case management. Attach additional pages as necessary. This form should be completed in conjunction with each reassessment to ensure continuity of care.

III. Referral Acceptance/Coordination:

Client referred from current CM provider (agency/program) _____				
Date of Referral _____ to (agency/program) _____				
<i>Note: A signed release of confidential HIV information must be attached.</i>				
Assigned Case Managers:				
Agency	Case Manager	Phone	Contacted	Release of Confidential HIV Information Attached
			y/n	y/n
			y/n	y/n
			y/n	y/n
Describe how coordination will take place:				
Reviewed need/reason for joint CM with ___ Client ___ Other (identify) _____				
Date of discussion with other CM on joint service plan: Date / /				
<i>Attach joint service plan when finalized. This form and service plan copy must be kept in both programs' case management records, in addition to intake/assessment/reassessment information.</i>				
Dates of Coordination/Discussions: Date / /				
Date / /				
Date / /				
Date / /				
Date / /				

II. Joint Case Management Needs Assessment

#1	
Need/Goal:	
Explain role of referring agency case manager/discharge planner in achieving this goal:	
Explain role of community based case manager in achieving this goal:	
#2	
Need/Goal:	
Explain role of referring agency case manager/discharge planner in achieving this goal:	
Explain role of community based case manager in achieving this goal:	
#3	
Need/Goal:	
Explain role of referring agency case manager/discharge planner in achieving this goal:	
Explain role of community based case manager in achieving this goal:	
#4	
Need/Goal:	
Explain role of referring agency case manager/discharge planner in achieving this goal:	
Explain role of community based case manager in achieving this goal:	
Supervisor Review and Approval: _____	
Date / /	