

North Carolina Multiple Response System Case Tracking Form

210 – Assessment

Form ID #: _____

Supervisor: _____

Supervisor Name format should be Last Name, First Initial

Children – list all children (& their SIS ID's) from the form number above that have ***identical*** information that can be entered using the common edit feature. *(If there are other children from the form that have different information a separate form should be submitted for those children or their differing services somehow distinguished.)*

Name: _____	SIS ID: _____

210-10. Date(s) of Subsequent Reports Received During an Open 210 Case (if any)	____/____/____, ____/____/____, ____/____/____
--	--

210-18. Risk Reassessments: Date/Score/Rating	Date: _____ Rating: _____ Date: _____ Rating: _____ Date: _____ Rating: _____ Date: _____ Rating: _____
--	--

210-23. Involvement/Coordination with Work First <i>(check highest level of involvement during 210) (required)</i>	<input type="checkbox"/> Work First is not involved <input type="checkbox"/> Work First is participating in Child and Family Teams <input type="checkbox"/> Work First involvement concurrent with CPS
---	--

210-24. Involvement/Coordination with Law Enforcement <i>(check involvement during 210) (required)</i>	<input type="checkbox"/> No Law Enforcement required <input type="checkbox"/> Referral made to Law Enforcement Involved <input type="checkbox"/> Referral made to Law Enforcement Not Involved <input type="checkbox"/> Criminal charges filed <input type="checkbox"/> Criminal charges warranted but not filed
---	--

210-26. Referral to Other Agencies <i>(Circle the appropriate referrals made during 210 – even if services were not actually provided at this time.)</i>	1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care / 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS / 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization / 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing / 22. Child Developmental Evaluation / 23. Sex Offender Treatment / 24. Other (specify):
---	---

210-27. Service Needs <i>(Circle the appropriate service needs during 210 – even if services are not available at this time.)</i>	1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care / 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS / 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization / 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing / 22. Child Developmental Evaluation / 23. Sex Offender Treatment / 24. Other (specify):
--	---

<p>210-28. Services Provided <i>(Circle the appropriate services provided during 210.)</i></p>	<p>1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care / 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS / 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization / 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing / 22. Child Developmental Evaluation / 23. Sex Offender Treatment / 24. Other (specify): Developmental Evaluation / Sex Offender Treatment / Other</p>
<p>210-29. Child/Family Team Meetings: Dates/Times</p>	<p>Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ <i>(time should be in 30 min. increments)</i></p>
<p>210-33. Assessment (210) Services <u>AND</u> Data Entry Complete? <i>The social worker completing the paper form should check YES if services have <u>CLOSED</u> and this form will complete data entry.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

6. Worker Name: _____

6a. If the case has been transferred to a different worker from 210, was the case transferred:

- Within the team
- Within the Agency

6b. The case was transferred as a result of:

- Standard county policy to transfer all cases to a new worker between 210 to 215 services.
- The original 210 worker is no longer available (i.e. resigned, on medical leave, etc.)
- The 210 worker had a particularly high existing caseload, which required a transfer despite standard policy.
- The case is high or intensive risk and it is standard county policy to transfer those cases.
- Other

7. Supervisor Name : _____

Supervisor Name format should be Last Name, First Initial

Children – list all children (& their SIS ID’s) from the form number above that have **identical** information that can be entered using the common edit feature. (If there are other children from the form that have different information a separate form should be submitted for those children or their differing services somehow distinguished.)

Name: _____	SIS ID: _____

215-18. Risk Reassessments: Date/Score/Rating	Date: _____ Rating: _____ Date: _____ Rating: _____ Date: _____ Rating: _____ Date: _____ Rating: _____
215-21. Petition filed during in-home services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
215-21a. Date Petition Filed	_____ / _____ / _____
215-23. Involvement/Coordination with WorkFirst (Check highest level of involvement during 215)	<input type="checkbox"/> Work first is not involved <input type="checkbox"/> Work first is participating in Child and Family Teams <input type="checkbox"/> Work First involvement concurrent with CPS
215-24. Involvement/Coordination with Law Enforcement (Check involvement during 215)	<input type="checkbox"/> No Law Enforcement required <input type="checkbox"/> Referral made, Law Enforcement Involved <input type="checkbox"/> Referral made, Law Enforcement Not Involved <input type="checkbox"/> Criminal charges filed <input type="checkbox"/> Criminal charges warranted but not filed
215-26. Referral to Other Agencies (Circle the appropriate referrals made during 215 – even if services were not actually provided at this time.)	1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care / 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS / 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization / 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing / 22. Child Developmental Evaluation / 23. Sex Offender Treatment / 24. Other (specify):

<p>215-27. Service Needs <i>(Circle the appropriate service needs during 215 – even if services are not available at this time.)</i></p>	<p>1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care / 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS / 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization / 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing / 22. Child Developmental Evaluation / 23. Sex Offender Treatment / 24. Other (specify):</p>
<p>215-28. Services Provided <i>(Circle the appropriate services provided during 215.)</i></p>	<p>1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care / 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS / 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization / 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing / 22. Child Developmental Evaluation / 23. Sex Offender Treatment / 24. Other (specify):</p>
<p>215-29. Child/Family Team Meetings: Dates/Times</p>	<p>Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ <i>(time should be in 30 min. increments)</i></p>
<p>215-33. In-Home (215) Services <u>AND</u> Data Entry Complete? <i>The social worker completing the paper form should check YES if services have <u>CLOSED</u> and this form will complete data entry.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

form number from the assessment that led to the children coming into foster care. Data entry cannot enter information without a form #.

6. Worker Name: _____

6a. If the case has been transferred to a different worker since the last service (210 or 215) was provided, was the case transferred:

- Within the team
- Within the Agency

6b. The case was transferred as a result of:

- Standard county policy to transfer cases when beginning 109 services.
- The previous service worker (most recent - 210 or 215) is no longer available (i.e. resigned, on medical leave, etc.)
- The previous worker had a particularly high existing caseload, which required a transfer despite standard policy.
- Other

7. Supervisor Name : _____

Supervisor Name format should be Last Name, First Initial

Children – list all children (& their SIS ID’s) from the form number above that have ***identical*** information that can be entered using the common edit feature. *(If there are other children from the form that have different information a separate form should be submitted for those children or their differing services somehow distinguished.)*

Name: _____ SIS ID: _____
 Name: _____ SIS ID: _____
 Name: _____ SIS ID: _____

109-26. Referral to Other Agencies
(Circle the appropriate referrals made during 109 – even if services were not actually provided at this time.)

- 1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care /
- 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS /
- 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization /
- 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing /
- 22. Child Developmental Evaluation / 23. Sex Offender Treatment /
- 24. Other (specify):

109-27. Service Needs
(Circle the appropriate service needs during 109 – even if services are not available at this time.)

- 1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care /
- 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS /
- 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization /
- 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing /
- 22. Child Developmental Evaluation / 23. Sex Offender Treatment /
- 24. Other (specify):

109- 28. Services Provided
(Circle the appropriate services provided during 109.)

- 1. Access Community Resources / 2. Case Planning & Mgmt / 3. Day Care /
- 4. Dental Care / 5. DV Counseling / 6. Employment Training / 7. Family Counseling / 8. Family Support FRC / 9. Individual Counseling / 10. IFPS /
- 11. Medical Care / 12. Mental Health/ 13. Money Mgmt / 14. Parenting Skills / 15. Substance Abuse Treatment / 16. Tutoring / 17. Immunization /
- 18. Nurturing Skills / 19. Transportation / 20. Public Health / 21. Housing /
- 22. Child Developmental Evaluation / 23. Sex Offender Treatment /
- 24. Other (specify):

109-29. Child/Family Team Meetings: Dates/Times	Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ <i>(time should be in 30 min. increments)</i>
109-30. Shared Parenting Meetings: Date/Time	Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ <i>(time should be in 30 min. increments)</i>
109-32. Social Worker Visits with the Child	Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
109-33. Foster Care (109) Services <u>AND</u> Data Entry Complete? <i>The social worker completing the paper form should check YES if services have <u>CLOSED</u> and this form will complete data entry.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No