

TO DO LIST FOR ASSESSMENTS

CASE NAME	INTAKE ID	SACWIS ID	DATE/TIME OF INTAKE
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INITIATION

<input type="checkbox"/> 24HR Initiation	DATE	START TIME	END TIME	<input type="checkbox"/> Phone <input type="checkbox"/> FTF <input type="checkbox"/> N/A	<input type="checkbox"/> Attempt
<input type="checkbox"/> 72HR Initiation	DATE	START TIME	END TIME	<input type="checkbox"/> Phone <input type="checkbox"/> FTF <input type="checkbox"/> N/A (FTF attempt completed in 24HRS)	<input type="checkbox"/> Attempt
Attempt w/in 4 Working Days	DATE	START TIME	END TIME	<input type="checkbox"/> Phone <input type="checkbox"/> FTF <input type="checkbox"/> N/A (FTF contact successful)	<input type="checkbox"/> Attempt
5-Day Attempts	DATE TIME	DATE TIME	DATE TIME	DATE TIME	DATE TIME

ACTIVITY LOGS FOR CONTACTS

<input type="checkbox"/> ACV (CSR) <input type="checkbox"/> OIC <input type="checkbox"/> Referral Source - <input type="checkbox"/> N/A <input type="checkbox"/> AP (ASR)	<input type="checkbox"/> OIA (In-Home) <input type="checkbox"/> Non-Custodial Parent - <input type="checkbox"/> N/A <input type="checkbox"/> Caretaker	<input type="checkbox"/> Collaterals <input type="checkbox"/> 911 Checks <input type="checkbox"/> TMC Checks
<input type="checkbox"/> American Indian Heritage Documented <input type="checkbox"/> Safety Assessment Completed <input type="checkbox"/> Family Assessment Completed <input type="checkbox"/> HMG Referral <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Child under age 3/AR/Unsubstantiated)		
Disposition Letters Sent and Documented in SACWIS: <input type="checkbox"/> ACV <input type="checkbox"/> AP <input type="checkbox"/> Caretaker <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Mandated Reporter - <input type="checkbox"/> N/A		

SAFETY PLAN

<input type="checkbox"/> Documented in SACWIS <input type="checkbox"/> N/A
<input type="checkbox"/> Criminal Background Checks Submitted for Responsible Parties AND Email Sent to Data Management
<input type="checkbox"/> Responsible Parties Cleared in SACWIS
<input type="checkbox"/> FTF Contacts
<input type="checkbox"/> Contact w/Oversight
<input type="checkbox"/> Safety Plan Discontinued Letters Sent and Documented in SACWIS - <input type="checkbox"/> N/A
<input type="checkbox"/> Out of Home Safety Plan – Preliminary Home Study Completed

CASE OPENING CHECKLIST

<input type="checkbox"/> Trauma Screen for Each Child - <input type="checkbox"/> N/A All Children in Custody	
<input type="checkbox"/> Family Service Plan in SACWIS - <input type="checkbox"/> N/A Traditional Case	
<input type="checkbox"/> Household Members Report (Crystal Report)	
Custody Cases:	
<input type="checkbox"/> Clinic Screen	<input type="checkbox"/> Parent Visit Scheduled
<input type="checkbox"/> Placement Packet	<input type="checkbox"/> FTM
<input type="checkbox"/> Preliminary Home Study	<input type="checkbox"/> Educational Info – SACWIS
<input type="checkbox"/> 5-Day Placement Visit	<input type="checkbox"/> Newborn Hospital Photo

_____ Caseworker	_____ Supervisor	_____ Conference Date
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