



Plan of Care/Needs Assessment

Monitor this record on a monthly basis to track the status of the participant's needs. New/updated goals must be recorded in the database quarterly, as well as any changes to current goals. Update the status of all goals at discharge.

Client ID: _____
 Admission ID: _____

Client Name _____ Birth Date ____/____/____ Medicaid ID # _____

Agency Assigned _____ Subcontractor _____

Need Category	Date Identified	Goals (text)	Goal Status	If Changed Or No Progress, Reason	Action Steps (text)	Referral (use codes below)	Referral Mode	Action Status
1 parenting skills family practices 2 Living situation 3 Medical needs substance abuse 4 Home safety 5 Financial situation 6 Transportation 7 Emotional/psychosocial Needs 8 Dental Needs			P progress N no progress C changed M met	N services not available S participant left service P personal choice I ineligible T transportation issue C childcare issue L language barrier			1 appointment made 2 brochure information 3 escorted to referral site 4 discussion recommendation	C Completed I In process D Dropped
1								
2								
3								
4								

Referral Codes:			
01- back to referrant	26- DHS	10- HIV/STD testing	15- nutrition counseling
02- childcare resources	27- domestic violence counseling/assistance	11- housing assistance	16- parenting education
03- child health clinic	25- Early Intervention Program	12- income maintenance	17- private insurance
04- child welfare	07- education resources	13- job or job training /assistance	18- shelter
05- clothing agencies	08- family planning	14- medical services/medical home	28- smoking cessation program
06- dental services	09- food pantry	29- mental health counseling	19- Stork's Nest/incentive program/thrift shop
			20- substance abuse counseling
			21- transportation resources
			22- WIC
			23- unknown
			24- other