DRAFT

9/15/21

**PCAP Intervention Plan at Client Intake**

*Use this worksheet to review and synthesize Clinical Interview and Intake ASI information*

***(This is a fillable worksheet)***

Intervention Plan for:       ID:

Name of Child:

Site       Supervisor #:       PCAP Case Manager assigned:

**WORKSHEET—**

**Supervisor Need Ratings Based on Review of ASI and Clinical Interview Information:**

1. Need for medical treatment?

*0 - No medical problems, no need.*

*1 - Medical problems, but current tx has brought condition to a controlled, non-problematic state.*

*2 - Need for more tx in addition to client's current tx, but not immediately life-threatening.*

*3 - Urgent need for more tx in addition to client's current tx. Should be a high case manager priority.*

Comments on client's medical situation, needs:

2. Need for employment counseling/help?

*0 - No employment problems, working, no need.*

*1 - No employment problems because no employment, client not currently ready for employment.*

*2 - Employment problems, employed.*

*3 - Employability problems, unemployed.*

Comments on client's employment situation, needs:

Alcohol Abuse

3. Need for treatment for: Drug Abuse

*0 - No alc/drug problems, no need (can include those currently successfully maintaining abstinence with no tx currently needed).*

*1 - Alc/drug problems, current tx seems adequate.*

*2 - Need for more tx in addition to current tx.*

*3 - Urgent need for more alc/drug tx in addition to client's current (if any) tx.*

Comments on client's substance use, need for tx:

4. Need for legal services or counseling? *(Can include civil problems)*

*0 - No legal problems, no need.*

*1 - Legal problems, but currently receiving adequate services*

*2 - Need for more legal assistance than client is currently connected to.*

*3 - Urgent need for more legal assistance than client is currently connected to*

Comments on client's legal situation, needs:

5. Need for family and/or social counseling?

*0 - No need.*

*1 - Problems, but client currently connected with adequate services.*

*2 - Need for more counseling in addition to client's current counseling (if any).*

*3 - Urgent need for more family/social counseling/intervention in addition to client's current connection to services. Should be a case manager priority*

Comments on client's family/social situation, needs:

6. Need for domestic violence services?

*0 - No domestic violence, no need.*

*1 - Domestic violence problem, but currently stable with services.*

*2 - Need for more domestic violence services, in addition to client's current services (if any).*

*3 - Dangerous domestic violence situation. Urgent need. Should be a case managere priority.*

Comments on client's domestic violence situation, needs:

7. Need for psychiatric/psychological counseling?

*0 - No psychological problems, no need.*

*1 - Psychological problems, but current treatment has brought condition to a controlled, non-problematic state.*

*2 - Need for more treatment in addition to client's current treatment, but not apparently dangerous or greatly interfering with client's life.*

*3 - Urgent need for more treatment in addition to client's current treatment. Should be a case manager priority.*

Comments on client's mental health situation, needs:

8. Need for family planning services?

*0 - Uses reliable method regularly or has tubal ligation, no need.*

*1 - Need for family planning, but currently pregnant.*

*2 - Need for family planning services. Uses birth control, but less reliable method or practice.*

*3 - Urgent need for family planning. Should be a case manager priority.*

Comments on client's family planning situation, needs:

9. Need for specialized medical intervention for target child?

*0 - No problems.*

*1 - Some problems, but seem to be under control with current medical intervention.*

*2 - Need for more treatment in addition to target child’s current treatment/services, but not apparently dangerous or greatly interfering with target child’s life.*

*3 - Life threatening condition or urgent need for more treatment and/or intervention in addition to target child’s current treatment.*

Comments on target child's situation, needs:

Additional Comments:

**PCAP Intervention Plan at Client Intake**

*Print pages 3 and 4 and review with case manager*

Intervention Plan for:       ID:

Name of Target Child:

Date PCAP consent signed (date of enrollment): \_     \_\_\_\_\_\_\_\_\_\_\_

Projected date of exit (enrollment date plus 3 years): \_     \_\_\_\_\_\_\_\_\_\_\_

**Supervisors Summary of Client at Intake after reviewing ASI and Clinical Intake.**

Client Description:

Medical:

Empoymentl/Support:

Alcohol/Drug Use:

Legal:

Family History:

Childhood History:

Family/Social Relationships:

Domestic Violence:

Psychiatric/Mental Health:

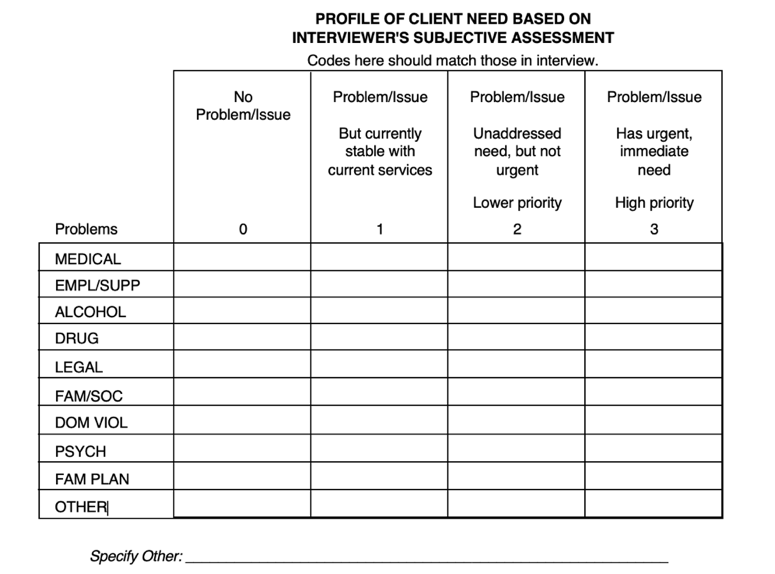
Family Planning:

TC & Other Children:

Community Services:

Other:

**Supervisors Summary of Need Ratings to give to Case Manager (use of grid optional):**

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