



Client Name: _____
Date of Birth: _____
Member ID: _____
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TARGETED CASE MANAGEMENT NEEDS CHECKLIST

Targeted Case Management services are designed to help individuals with serious and persistent mental illness gain access to needed services such as the ones listed below.

Things I would like assistance to work on to meet my goals
(Please check all that apply to your current situation)

LIST OF NEEDS/SERVICES	Yes	No
Food Stamps/Cash Assistance		
Employment/Job Training		
Education/Vocational Training/Tutoring		
Medical Services		
Vision		
Dental Services		
Psychiatrist		
Individual Therapy		
Day Program		
Alcohol/Drug Treatment		
Financial Assistance/SSI or SSDI		
NA/AA Meetings		
Social Support Groups		
Education of Community Resources		
Clothing		
Housing		
Transportation Assistance		
Extracurricular/Recreational Activities		
Identification		
Birth Certificate		
Legal Assistance		
Child Support		
Child Care assistance		
Other:		
Other:		

Please note that you may request additional services at any time during the course of your treatment.

Client-Print Name

Client Signature

Date

Guardian-Print Name

Guardian Signature

Date

Therapist-Print Name/Credentials

Therapist Signature/Credentials

Date