

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

<b>210-10. Date(s) of Subsequent Reports Received During an Open 210 Case (if any)</b>	____/____/____, ____/____/____, ____/____/____
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<b>210-16. Risk Assessment Score at Case Decision/Finding</b> <i>(required)</i> <i>Indicate the numeric score from the 5230 Risk Assessment and which column it represents (Abuse or Neglect) Note: this is NOT the same as the type found.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1</td><td style="width: 12.5%;">2</td><td style="width: 12.5%;">3</td><td style="width: 12.5%;">4</td><td style="width: 12.5%;">5</td><td style="width: 12.5%;">6</td><td style="width: 12.5%;">7</td><td style="width: 12.5%;">8</td> </tr> <tr> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>17</td><td>18</td><td>19</td><td>20</td><td>Abuse</td><td colspan="3">Neglect</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Abuse	Neglect		
1	2	3	4	5	6	7	8																		
9	10	11	12	13	14	15	16																		
17	18	19	20	Abuse	Neglect																				

<b>210-18. Risk Reassessments: Date/Score/Rating</b>	Date: _____ Score: _____ Rating: _____ Date: _____ Score: _____ Rating: _____ Date: _____ Score: _____ Rating: _____ Date: _____ Score: _____ Rating: _____
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<b>210-23. Involvement/Coordination with Work First</b> <i>(check highest level of involvement during 210)</i> <i>(required)</i>	Work First is not involved Work First is participating in Child and Family Teams Work First involvement concurrent with CPS
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<b>210-24. Involvement/Coordination with Law Enforcement</b> <i>(check involvement during 210)</i> <i>(required)</i>	No Law Enforcement required Referral made to Law Enforcement Involved Referral made to Law Enforcement Not Involved Criminal charges filed Criminal charges warranted but not filed
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<b>210-26. Referral to Other Agencies</b> <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):
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<b>210-27. Service Needs</b> <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):
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<p><b>210-28. Services Provided</b>  <i>(Circle the appropriate services provided during 210.)</i></p>	<p>1. Access Community Resources / 2. Case Planning &amp; 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><b>210-29. Child/Family Team Meetings:</b>  <b>Dates/Times</b></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><b>210-33. Assessment (210) Services <u>AND</u> Data Entry  Complete?</b>  <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>Yes                      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: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____
Name: _____	SIS ID: _____

<b>215-18. Risk Reassessments: Date/Score/Rating</b>	Date: _____ Score: _____ Rating: _____ Date: _____ Score: _____ Rating: _____ Date: _____ Score: _____ Rating: _____ Date: _____ Score: _____ Rating: _____
<b>215-21. Petition filed during in-home services?</b>	Yes No
<b>215-21a. Date Petition Filed</b>	_____/_____/_____
<b>215-23. Involvement/Coordination with WorkFirst</b> (Check highest level of involvement during 215)	Work first is not involved Work first is participating in Child and Family Teams Work First involvement concurrent with CPS
<b>215-24. Involvement/Coordination with Law Enforcement</b> (Check involvement during 215)	No Law Enforcement required Referral made, Law Enforcement Involved Referral made, Law Enforcement Not Involved Criminal charges filed Criminal charges warranted but not filed
<b>215-26. Referral to Other Agencies</b> (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><b>215-27. Service Needs</b>  <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 &amp; 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><b>215-28. Services Provided</b>  <i>(Circle the appropriate services provided during 215.)</i></p>	<p>1. Access Community Resources / 2. Case Planning &amp; 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><b>215-29. Child/Family Team Meetings:</b>  <b>Dates/Times</b></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><b>215-33. In-Home (215) Services <u>AND</u> Data Entry Complete?</b>  <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>Yes                      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):

<b>109-29. Child/Family Team Meetings: Dates/Times</b>	Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ <i>(time should be in 30 min. increments)</i>
<b>109-30. Shared Parenting Meetings: Date/Time</b>	Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ Date: _____ Time Spent (in hours): _____ <i>(time should be in 30 min. increments)</i>
<b>109-32. Social Worker Visits with the Child</b>	Date: _____ Was the visit at the child's place of residence?      Yes      No Date: _____ Was the visit at the child's place of residence?      Yes      No Date: _____ Was the visit at the child's place of residence?      Yes      No Date: _____ Was the visit at the child's place of residence?      Yes      No Date: _____ Was the visit at the child's place of residence?      Yes      No
<b>109-33. Foster Care (109) Services <u>AND</u> Data Entry Complete?</b> <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>	Yes                      No