

# 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. Dates of reports (if any) received after initiation:</b>	____/____/____, ____/____/____, ____/____/____
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<b>210-18. Risk Reassessments: Date/Score/Rating</b>	Date: _____ Rating: _____ Date: _____ Rating: _____ Date: _____ Rating: _____ Date: _____ Rating: _____
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<b>210-23. Involvement/Coordination with Work First</b> <i>(check highest level of involvement during 210) (required)</i>	<input type="checkbox"/> Work First is not involved <input type="checkbox"/> Work First is participating in Child and Family Teams <input type="checkbox"/> Work First involvement concurrent with CPS
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<b>210-24. Involvement/Coordination with Law Enforcement</b> <i>(check involvement during 210) (required)</i>	<input type="checkbox"/> No Law Enforcement required <input type="checkbox"/> Referral made to Law Enforcement Involved <input type="checkbox"/> Referral made to Law Enforcement Not Involved <input type="checkbox"/> Criminal charges filed <input type="checkbox"/> 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><input type="checkbox"/> Yes      <input type="checkbox"/> 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: _____ Rating: _____
	Date: _____ Rating: _____
	Date: _____ Rating: _____
	Date: _____ Rating: _____

**215-21. Petition filed during in-home services?**  Yes  No

**215-21a. Date Petition Filed** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**215-23. Involvement/Coordination with WorkFirst**  
(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

**215-24. Involvement/Coordination with Law Enforcement**  
(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

**215-26. Referral to Other Agencies**  
(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><input type="checkbox"/> Yes                      <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Was the visit at the child's place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No