

**DO NOT SCAN INTO ONBASE**

### CM SCR

Name	Case Manager
Social security number	Reviewer
2 <sup>nd</sup> parent name	Month of Review <span style="font-size: small;">(Best practice is 4-6 months back, or as long as current CM has held the case, if less)</span>
Social security number	Date Completed

Yes	No	N/A	Intake/Assessment	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSOM 613M	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment Summary in ACCESS 613	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation Screening 604	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNCOPE & PHQ2 604 Supp.	Screened? Yes      Was screen positive? Yes      Referred to treatment? Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation Survey 602TS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FDP Signed and dated 614 FDP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the participant scheduled within 30 days?	Yes

Yes	No	N/A	Progressive Assessment (Not Mandated)	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate assessment tools chosen (as needed)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment results used in planning with participants	

Yes	No	N/A	Activities/Support Services	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Requirement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Realistic Highest Capability	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Deferral	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Referrals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progressive Employment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate use of support services, including incentives	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worksite Placements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scheduled /verified hours entered	

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Yes	No	N/A	Contact with Participant	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intake case notes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing case notes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate level/type of contact	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CATN notes	

Yes	No	N/A	Conciliations/Sanctions	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Cause	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conciliation Forms	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanction Forms	
			Form 606 completed, signed & dated? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			Sanction entered into ACCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Timeframe	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation	

Yes	No	N/A	Miscellaneous	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case file maintenance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participant Survey	

Supervisor comments /Next Steps	Due date	Worker comments