# State of Nevada

**Division of Child and Family Services**

**TARGETED CASE MANAGEMENT ASSESSMENT**

**Client/Family Demographics**

|  |  |
| --- | --- |
| **Child’s Name:**       | **Child’s DOB:**       **Age:**      |
|  **Custody Status:**[ ]  DCFS [ ] WCDSS [ ] CCDFS [ ] Parent/Guardian | **Parent/Guardian/Custodian Name:**       |
| **Assessing Program/Agency:**       | **Assessment Date:**  |
| **Assessing Practitioner/Title**:       | **Revision Date:**  |
| **SED Determination Date:**     **Determining Clinician:**      | **DSM or DC 0-3 Diagnosis:**      **Diagnosing Clinician:**      |

**Client/Family Strengths**

**Client:**

**Family:**

Supports

 **Informal** (Friends/family/neighbors):

 **Formal** (Professionals):

**Targeted Case Management Needs**

1. **Social Life Domain:**

1. Living Situation/Home Description:
2. Financial Situation Description:
3. Legal Situation Description:
4. Spiritual Well-Being Description:
5. Relevant Social History:

**Identified Social Life Domain TCM Needs:**

***Medical Life Domain:***

1. Current Medical/Health Description and Resources:

|  |  |  |
| --- | --- | --- |
| Name of Primary Care Physician:      | Date of Last Physical Examination:      | [ ] None |
| Name of Dentist:      | Date of Last Dental Appointment:      | [ ] None |
| Name of Eye Care Physician:      | Date of Last Appointment:      | [ ] None[ ]  Not Applicable |
| Name of Psychiatrist:      | Date of Last Appointment:      | [ ] None[ ]  Not Applicable |
| List any Specialists:      | Date of Last Appointment:      | [ ] None[ ]  Not Applicable |

1. Current Medications Description:       [ ]  No Current Medications

|  |  |  |
| --- | --- | --- |
| Name of Medication:           | Purpose:            | Prescribing Physician:      |

1. Description of Known Allergies: [ ]  No Known Allergies

|  |
| --- |
|       |
|       |
|       |

1. Description of Developmental History:
2. Description of Substance Abuse History: ***[ ]*** No Substance Abuse History Known

 [ ]  Yes (Please describe)

1. Relevant Medical History:

***Identified Medical Domain TCM Needs:***

***Educational Life Domain:***

1. Educational Description:

|  |  |
| --- | --- |
| Name of School/ Preschool:      | Current Grade/Preschool Level:      |

1. Current Individual Education Plan:

 [ ]  No

 [ ]  Yes: Name of Education Case Manager:

1. Vocational/Employment Description:
2. Relevant School/Employment History:

***Identified Educational Domain TCM Needs:***

***Other Life Domains:***

**Emotional:**

1. Emotional/behavioral Description:
2. Current/Past Resources Description:
3. Family Interaction Description:
4. Peer Interaction Description:
5. Relevant Emotional/Behavioral History:

***Identified Emotional Life TCM Needs:***

**Safety:**

Description of Safety Concerns:

Description of Other Relevant Concerns:

Description of Other Relevant History (not previously mentioned):

***Identified Other TCM Needs:***