# 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:***