

CASEWORKER INTAKE PACKET

CASEWORKER: _____

INTAKE DATE: _____

CLIENT NAME: _____

CW initials*

Required Documents

	1. CCIS Intake Form
	2. Journal Entry
	3. Verify ORAS scores were entered in to CMIS and Gateway
	4. CTS Scale and print off once its entered into the system
	5. Intake Packet, Intake Notes, PSI or Collateral Information (with offenses highlighted)
	6. Update Profile/Demographics and Client Relations – Property Pick up Person
	7. Informed Consent to Audiotape/ Videotape
	8. CMIS initial meeting log with explanation of Role Clarification and Behavioral Analysis

*CW initials signify the documents are attached and are accurate.

Date Packet is submitted to the Program Coordinator: _____ **CW initials:** _____

Program Coordinator Quality Assurance

PC initials *	Required Quality Assurance	Accept	Not Accept	NA
	1. CCIS Intake Form			
	2. CCIS submitted within 5 days of intake?			
	3. Journal Entry			
	4. Verify ORAS scores were entered in to CMIS and Gateway			
	5. Intake Packet, Intake Notes, PSI or Collateral Information (with offenses highlighted)			
	6. Update Profile/Demographics and Client Relations – Property Pick up Person			
	7. Informed Consent to Audiotape/ Videotape			
	8. CMIS initial meeting log with explanation of Role Clarification and Behavioral Analysis			

Accuracy Check

Date QA is completed: _____ **PC initials:** _____

QA % 0 16 33 66 83 100

PC follow-up: Discussions with or notes to assigned CW for anything ↓ 100% accurate.

I agree to review this packet and correct any deficiencies within 2 business days:

Caseworker Signature: _____ **Date:** _____

Revised – 9/12

CASEWORKER PRE-RELEASE PACKET

CASEWORKER: _____

ANTICIPATED RELEASE DATE: _____ CLIENT NAME: _____

CW initials*

Required Documents

	1. Community Plan Client Worksheets
	2. Community Plan
	3. Completed Assessment Results Form
	4. Release Plan Meeting Log (noting client was given a copy)
	5. Fax/ email verification that Community Plan was forwarded to PO
	6. Advanced Subsistence Form if applicable

*CW initials signify the documents are attached and are accurate.

Date Packet is submitted to the Program Coordinator: _____ CW initials: _____

Program Coordinator Quality Assurance

PC initials *

Required Quality Assurance

Accept

Not Accept

NA

	Required Quality Assurance	Accept	Not Accept	NA
	1. Review of worksheets for completion and accuracy			
	2. Review of Community Plan for accuracy			
	3. Completed Assessment Results Form			
	4. Release Plan Meeting Log (noting client was given a copy)			
	5. Fax/ email verification that Community Plan was forwarded to PO			
	6. Advanced Subsistence Form if applicable			

Date QA is completed: _____ PC initials: _____ QA% 0 25 50 75 100

PC follow-up: Discussions with or notes to assigned CW for anything ↓ 100% accurate.

I agree to review this packet and correct any deficiencies within 2 business days:

Caseworker Signature: _____ **Date:** _____

CASEWORKER RELEASE PACKET

CASEWORKER: _____

RELEASE DATE: _____

CLIENT NAME: _____

TYPE OF RELEASE: **SUCCESSFUL** **UNSUCCESSFUL** **INCOMPLETE** **ESCAPE**
 Please Circle Release

CW initials*

Required Documents

	1. Final Letter
	2. CCIS Termination Form (attach Probation Officer email stating level of supervision)
	3. Discharge Report
	4. Release Checklist
	5. Final CMIS financial page, excel spreadsheet, special instructions if client owes fees
	6. Community Service Verification Sheet
	7. CTS Scale with verification that it was entered into the system
	8. Exit Evaluation
	9. Community Plan with verification it was faxed/emailed to PO including Aftercare information and document in log client was given a copy

*CW initials signify the documents are attached and are accurate.

Date Packet is submitted to the Program Coordinator: _____ CW initials: _____

Program Coordinator Quality Assurance

PC initials *

Required Quality Assurance

Accept

Not Accept

NA

	Required Quality Assurance	Accept	Not Accept	NA
	1. Final Letter: Review for content, grammar, deadline, etc.			
	2. CCIS: QA (attach Probation Officer email stating level of supervision)			
	3. Discharge Log (release date, release time and any other specific instructions in order to be released)			
	4. Discharge Report			
	5. Release Checklist/ Community Service hours verified			
	6. Verify financial info is the same for CCIS, CMIS, Excel			
	7. Verify Community Plan was completed and sent to Probation Officer, Aftercare information is added, document in log that client was given a copy			
	8. CTS attached with results page			
	9. Exit Evaluation completed			

Date QA is completed: _____ PC initials: _____ QA% 0 11 22 33 44 56 67 78 89 100

PC follow-up: Discussions with or notes to assigned CW for anything ↓ 100% accurate.

I agree to review this packet and correct any deficiencies within 2 business days:

Caseworker Signature: _____ **Date:** _____