



## SHELTER PLUS CARE CASE MANAGER REPORT

CLIENT NAME: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_ CASE MANAGER AGENCY: \_\_\_\_\_

PERIOD: May 1, 20\_\_\_\_ - April 30, 20\_\_\_\_

1. What services were provided? What referrals were provided for other services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was the Annual assessment of service needs conducted? \_\_\_\_\_

3. What non-cash income did the client receive (if any)?

- a. SNAP (food stamps): YES NO
- b. Medicaid: YES NO
- c. Medicare: YES NO
- d. CHIP: YES NO
- e. WIC: YES NO
- f. VA: YES NO
- g. TANF childcare: YES NO
- h. TANF transportation: YES NO
- i. TANF other \_\_\_\_\_
- j. Insurance other \_\_\_\_\_

Client \_\_\_\_\_ Date \_\_\_\_\_

OR

Case Manager \_\_\_\_\_ Date \_\_\_\_\_