



Assessment Summary for TANF

| | | | | |
|------------------------|--|-------|----------------|--------------------------|
| 2. LAST NAME | | FIRST | MIDDLE INITIAL | 1. CSO |
| 4. Replaces summary of | | | | 3. DATE FORM COMPLETED |
| | | | | 5. ACES CLIENT ID NUMBER |

ASSESSMENT AGENCY USE ONLY

| | | | | |
|------------------------------|-----------------------------|-----------------------------|----------------------------|--|
| 6. PRIMARY PROBLEM SUBSTANCE | 7. CALENDAR YEAR FIRST USED | 8. SECOND PROBLEM SUBSTANCE | 9. THIRD PROBLEM SUBSTANCE | 10. INVOLUNTARY TREATMENT REFERRAL <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------|-----------------------------|-----------------------------|----------------------------|--|

SUMMARY

11. Based on the information provided by the client, is the client chemically dependent? Yes No
12. Is the client in need of treatment in order to become employable based on work history and other factors?
 Yes No Date last drank/used: _____
13. Can the client participate in job search? Yes No Could the client accept a job if offered? Yes No Don't know
14. The Department should establish a protective payee due to the mismanagement of funds. Yes No Don't know
 CSO needs to evaluate further If yes, why? _____

ACTION PLAN

15. **Client accepted for TANF treatment**

Expected to begin treatment: _____

| | | | | |
|-------------|------|----------|----------|--|
| AGENCY NAME | | MODALITY | | |
| ADDRESS | CITY | STATE | ZIP CODE | |

Recommendations:

Child care issues and recommendations:

Conference needed with WorkFirst case manager.

16. **Client NOT accepted for TANF treatment**

Client does not report signs or symptoms indicating client is unemployable due to chemical dependency

Eligible but refuses treatment. Reason:

Not appropriate for treatment at this time; due to:

OTHER INFORMATION

17. Potential barriers to employability:

Legal Domestic Violence Educational Limitations Other: _____

18. Possible: mental physical problem. (Check one or both.) Pending: _____ evaluation

19. Psychological evaluation scheduled/done. Date: _____ with _____

20. Other comments:

PROHIBITION OF REDISCLOSURE

The information attached has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, Part 2) prohibit you from making further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

| | | | | |
|------------------------------|-------------------------------|----------------------|----------|-----------------------------|
| 21. CASE MONITOR'S SIGNATURE | 22. PRINT CASE MONITOR'S NAME | 23. TELEPHONE NUMBER | 24. DATE | 25. STAFF TIME HRS: MIN: |
|------------------------------|-------------------------------|----------------------|----------|-----------------------------|