

#### **IV. CHECKLIST FOR REVIEWING CASE FILES**

The review team needs to examine a random selection of case files for two reasons:

1. To verify that a system of case files exists and is used effectively to plan and track the services that the grantee provides to the youth it serves, as described in section C4 of this manual.
2. To verify that the needs of the youth served are assessed and that required services are provided, as described in sections A4, A5, and A7 of this manual.

Some review teams prefer to review the randomly selected files as they cover each section of the review. Others prefer to conduct one review near the end of the site visit. No matter which approach is used, a checklist can be helpful in facilitating the case file reviews. The checklist on the next page is suggested for this purpose.

As noted earlier, no more than 10 case files should be randomly selected for review if the grantee has only one RHY grant; no more than 20 case files should be randomly selected if the grantee has two or more grants. Both open and closed cases should be reviewed.

For privacy protection, the checklists should not contain the names of any youth receiving RHY services. A simple coding system, such as "Case # 1", "Case #2", etc., can be used instead. Any notes that refer to young people's names should be destroyed before the team leaves the grantee's premises.

## Case File Review Checklist BASIC CENTER

There is no required style for case files. Some of the following information may be found in other grantee record systems. This is tool for the review team. It may be modified to meet the review team's purposes.

Case #: \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Open Case  Date \_\_\_\_\_ Age \_\_\_\_\_  
 Closed Case  Date \_\_\_\_\_  
 Residential Client  Presenting Issues \_\_\_\_\_  
 Nonresidential Client

Eligibility Determined	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demographic Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parental Notification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth/Guardian Release Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth's Agreement to Participate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education Services Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Progress/Counseling Notes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aftercare Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposition/Case Closure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Arrival Verification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Referral Noted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Case File Review Checklist TRANSITIONAL LIVING/MATERNITY GROUP HOME

There is no required style for case files. Some of the following information may be found in other grantee record systems. This is tool for the review team. It may be modified to meet the review team's purposes.

Case #: \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Open Case  Date \_\_\_\_\_ Age \_\_\_\_\_  
 Closed Case  Date \_\_\_\_\_  
 Residential Client  Presenting Issues \_\_\_\_\_  
 Nonresidential Client

Eligibility Determined:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demographic Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth's Agreement to Participate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education Services Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Skills noted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Progress/Counseling Notes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recreation/Leisure Activities Notes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aftercare Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parenting Classes Noted (MGH only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sex Education Noted (MGH only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care (MGH only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposition/Case Closure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Referral Noted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_