

Session One – Case Note

Client Name: _____

Date: _____

Session One Tasks (indicate the date each task occurred):

_____: Use Motivational Interviewing (MI) skills during first 15 minutes of session to build relationship

_____: Complete *Case Management Consent Form* and *Research Consent Form*

_____: Complete *Session One Surveys*

_____: Provide a *Gift Card* (for completed surveys)

_____: Use MI skills to help the client identify areas where they would like to make changes in their life

Change Talk: Which of the following types of statements did you hear during this session? <i>(mark all that apply)</i>	
<input type="checkbox"/>	Desire Statements <i>(I want to change)</i>
<input type="checkbox"/>	Ability Statements <i>(I can change)</i>
<input type="checkbox"/>	Reason Statements <i>(It's important to change)</i>
<input type="checkbox"/>	Need Statements <i>(I should change)</i>
<input type="checkbox"/>	Commitment to Changes Statements <i>(I will make a change)</i>
<input type="checkbox"/>	Activation Statements <i>(I am ready, prepared, willing to change)</i>
<input type="checkbox"/>	Taking Steps <i>(I am taking specific actions to change)</i>

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

Notes:

Case Manager Signature

Date

Session Two – Case Note

Client ID: _____

Date: _____

Sessions 2-3 Tasks (indicate the date each task occurred):

_____: Discuss *Personal Goals Worksheet*

_____: Complete *Personal Goals Worksheet*

_____: Discuss *Pros and Cons Worksheet*

_____: Complete *Pros and Cons Worksheet*

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Goals Progress Assessment: For each category, mark with an “X” if it is an area where the client has made a goal and rate the client’s progress in each of the 13 areas below using the 0-5 scale described below.

Goal (mark X)	0 = <i>already accomplished task described (before the start of case management)</i> 1 = <i>pre-contemplation, not ready to address this area</i> 2 = <i>contemplation, client is willing to consider the possibility of change in this area</i> 3 = <i>preparation, client is ready to make a plan for change</i> 4 = <i>action, client has taken action towards change</i> 5 = <i>goal is accomplished</i>	Rating 0-5
	Food: Client can meet basic food needs but requires occasional assistance; or client can meet basic food needs without assistance.	
	Housing: Client is living in safe, adequate housing; or client has completed paperwork for alternative housing and is on waiting list.	
	Utilities: Client has heat, electricity, and a working phone or has applied to energy/utility assistance programs or Safelink for assistance.	
	Health Care: Client has affordable, adequate health insurance and has a medical provider or has applied for medical coverage.	
	Transportation: Transportation is generally accessible to meet basic travel needs.	
	Health and Nutrition: Client eats a healthy balanced diet, exercises regularly and receives preventive health screenings.	
	Mental Health Substance Abuse: Client has a mental health/ substance abuse provider, has regularly scheduled appointments and is taking medication as prescribed.	
	Education: Client has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for financial support.	
	Employment: Client has attained meaningful employment; or has made positive progress towards attaining employment.	
	Life Skills: Client has the skills and abilities to deal effectively with the demands of life (i.e. problem solving, decision making, managing finances, maintaining their home)	
	Child Care: Client has affordable and reliable child care.	
	Parenting: Client feels confident as a parent, has effective parenting skills, and knows how to meet physical, practical and emotional needs of child.	
	Social Support: Client has a social support network that meets their practical as well as emotional needs for support.	

Notes:

Case Manager Signature

Date

Session Three – Case Note

Client Name: _____

Date: _____

Sessions 2-3 Tasks (indicate the date each task occurred):

_____: Discuss *Personal Goals Worksheet*

_____: Complete *Personal Goals Worksheet*

_____: Discuss *Pros and Cons Worksheet*

_____: Complete *Pros and Cons Worksheet*

Change Talk: Which of the following types of statements did you hear during this session ?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Notes:

Case Manager Signature

Date

Session Four – Case Note

Client Name: _____

Date: _____

Sessions 4-5 Tasks (indicate the date each task occurred):

_____: Discuss *Action Plan Worksheet*

_____: Complete *Action Plan Worksheet*

_____: Provide *Referral Forms* as necessary

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Goals Progress Assessment: For each category, mark with an “X” if it is an area where the client has made a goal and rate the client’s progress in each of the 13 areas below using the 0-5 scale described below.

Goal (mark X)	0 = <i>already accomplished task described (before the start of case management)</i> 1 = <i>pre-contemplation, not ready to address this area</i> 2 = <i>contemplation, client is willing to consider the possibility of change in this area</i> 3 = <i>preparation, client is ready to make a plan for change</i> 4 = <i>action, client has taken action towards change</i> 5 = <i>goal is accomplished</i>	Rating 0-5
	Food: Client can meet basic food needs but requires occasional assistance; or client can meet basic food needs without assistance.	
	Housing: Client is living in safe, adequate housing; or client has completed paperwork for alternative housing and is on waiting list.	
	Utilities: Client has heat, electricity, and a working phone or has applied to energy/utility assistance programs or Safelink for assistance.	
	Health Care: Client has affordable, adequate health insurance and has a medical provider or has applied for medical coverage.	
	Transportation: Transportation is generally accessible to meet basic travel needs.	
	Health and Nutrition: Client eats a healthy balanced diet, exercises regularly and receives preventive health screenings.	
	Mental Health Substance Abuse: Client has a mental health/ substance abuse provider, has regularly scheduled appointments and is taking medication as prescribed.	
	Education: Client has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for financial support.	
	Employment: Client has attained meaningful employment; or has made positive progress towards attaining employment.	
	Life Skills: Client has the skills and abilities to deal effectively with the demands of life (i.e. problem solving, decision making, managing finances, maintaining their home)	
	Child Care: Client has affordable and reliable child care.	
	Parenting: Client feels confident as a parent, has effective parenting skills, and knows how to meet physical, practical and emotional needs of child.	
	Social Support: Client has a social support network that meets their practical as well as emotional needs for support.	

Notes:

Case Manager Signature

Date

Session Five – Case Note

Client Name: _____ Date: _____

Sessions 4-5 Tasks (indicate the date each task occurred):

_____: Discuss *Action Plan Worksheet*

_____: Complete *Action Plan Worksheet*

_____: Provide *Referral Forms* as necessary

Change Talk: Which of the following types of statements did you hear during this session
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Notes:

Case Manager Signature

Date

Session Six – Case Note

Client Name: _____

Date: _____

Sessions 6 Tasks (indicate the date each task occurred):

_____: Use MI Skills to support change

_____: Offer referrals as necessary

_____: Remind client that *Session Seven Surveys* will be administered next session

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Notes:

Case Manager Signature

Date

Session Seven – Case Note

Client Name: _____

Date: _____

Sessions 7 Tasks (indicate the date each task occurred):

_____: Complete *Session Seven Surveys*

_____: Provide a *Gift Card* (for completed surveys)

_____: Use MI Skills to support change

_____: Offer *Referral Forms* as necessary

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Goals Progress Assessment: For each category, mark with an “X” if it is an area where the client has made a goal and rate the client’s progress in each of the 13 areas below using the 0-5 scale described below.

Goal (mark X)	0 = <i>already accomplished task described (before the start of case management)</i> 1 = <i>pre-contemplation, not ready to address this area</i> 2 = <i>contemplation, client is willing to consider the possibility of change in this area</i> 3 = <i>preparation, client is ready to make a plan for change</i> 4 = <i>action, client has taken action towards change</i> 5 = <i>goal is accomplished</i>	Rating 0-5
	Food: Client can meet basic food needs but requires occasional assistance; or client can meet basic food needs without assistance.	
	Housing: Client is living in safe, adequate housing; or client has completed paperwork for alternative housing and is on waiting list.	
	Utilities: Client has heat, electricity, and a working phone or has applied to energy/utility assistance programs or Safelink for assistance.	
	Health Care: Client has affordable, adequate health insurance and has a medical provider or has applied for medical coverage.	
	Transportation: Transportation is generally accessible to meet basic travel needs.	
	Health and Nutrition: Client eats a healthy balanced diet, exercises regularly and receives preventive health screenings.	
	Mental Health Substance Abuse: Client has a mental health/ substance abuse provider, has regularly scheduled appointments and is taking medication as prescribed.	
	Education: Client has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for financial support.	
	Employment: Client has attained meaningful employment; or has made positive progress towards attaining employment.	
	Life Skills: Client has the skills and abilities to deal effectively with the demands of life (i.e. problem solving, decision making, managing finances, maintaining their home)	
	Child Care: Client has affordable and reliable child care.	
	Parenting: Client feels confident as a parent, has effective parenting skills, and knows how to meet physical, practical and emotional needs of child.	
	Social Support: Client has a social support network that meets their practical as well as emotional needs for support.	

Notes:

Case Manager Signature

Date

Session Eight – Case Note

Client Name: _____

Date: _____

Sessions 8 Tasks (indicate the date each task occurred):

_____: Use MI skills to support change

_____: Offer *Referral Forms* as necessary

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Notes:

Case Manager Signature

Date

Session Nine – Case Note

Client Name: _____

Date: _____

Sessions 9 Tasks (indicate the date each task occurred):

_____: Use MI skills to support change

_____: Offer *Referral Forms* as necessary

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Goals Progress Assessment: For each category, mark with an “X” if it is an area where the client has made a goal and rate the client’s progress in each of the 13 areas below using the 0-5 scale described below.

Goal (mark X)	0 = <i>already accomplished task described (before the start of case management)</i> 1 = <i>pre-contemplation, not ready to address this area</i> 2 = <i>contemplation, client is willing to consider the possibility of change in this area</i> 3 = <i>preparation, client is ready to make a plan for change</i> 4 = <i>action, client has taken action towards change</i> 5 = <i>goal is accomplished</i>	Rating 0-5
	Food: Client can meet basic food needs but requires occasional assistance; or client can meet basic food needs without assistance.	
	Housing: Client is living in safe, adequate housing; or client has completed paperwork for alternative housing and is on waiting list.	
	Utilities: Client has heat, electricity, and a working phone or has applied to energy/utility assistance programs or Safelink for assistance.	
	Health Care: Client has affordable, adequate health insurance and has a medical provider or has applied for medical coverage.	
	Transportation: Transportation is generally accessible to meet basic travel needs.	
	Health and Nutrition: Client eats a healthy balanced diet, exercises regularly and receives preventive health screenings.	
	Mental Health Substance Abuse: Client has a mental health/ substance abuse provider, has regularly scheduled appointments and is taking medication as prescribed.	
	Education: Client has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for financial support.	
	Employment: Client has attained meaningful employment; or has made positive progress towards attaining employment.	
	Life Skills: Client has the skills and abilities to deal effectively with the demands of life (i.e. problem solving, decision making, managing finances, maintaining their home)	
	Child Care: Client has affordable and reliable child care.	
	Parenting: Client feels confident as a parent, has effective parenting skills, and knows how to meet physical, practical and emotional needs of child.	
	Social Support: Client has a social support network that meets their practical as well as emotional needs for support.	

Notes:

Case Manager Signature

Date

Session Ten – Case Note

Client Name: _____

Date: _____

Sessions 10 Tasks (indicate the date each task occurred):

_____: Use MI Skills to support change

_____: Offer *Referral Forms* as necessary

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Notes:

Case Manager Signature

Date

Session Eleven – Case Note

Client Name: _____

Date: _____

Sessions 11 Tasks (indicate the date each task occurred):

_____: Use MI skills to support change

_____: Offer *Referral Forms* as necessary

_____: Remind client that *Session Twelve Surveys* will be administered during the next session

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Notes:

Case Manager Signature

Date

Session Twelve – Case Note

Client Name: _____

Date: _____

Sessions 12 Tasks (indicate the date each task occurred):

_____: Use MI skills to celebrate change

_____: Provide *Closure Certificate*

_____: Complete *Session Twelve Surveys*

_____: Provide a *Gift Card* (for completed surveys)

Change Talk: Which of the following types of statements did you hear during this session?
(mark all that apply)

- Desire Statements (*I want to change*)
- Ability Statements (*I can change*)
- Reason Statements (*It's important to change*)
- Need Statements (*I should change*)
- Commitment to Changes Statements (*I will make a change*)
- Activation Statements (*I am ready, prepared, willing to change*)
- Taking Steps (*I am taking specific actions to change*)

Referrals Offered: (please note any referrals to community agencies offered or check the box below if you did not offer any this session) None this session

1. _____

2. _____

3. _____

Goals Progress Assessment: For each category, mark with an “X” if it is an area where the client has made a goal and rate the client’s progress in each of the 13 areas below using the 0-5 scale described below.

Goal (mark X)	0 = <i>already accomplished task described (before the start of case management)</i> 1 = <i>pre-contemplation, not ready to address this area</i> 2 = <i>contemplation, client is willing to consider the possibility of change in this area</i> 3 = <i>preparation, client is ready to make a plan for change</i> 4 = <i>action, client has taken action towards change</i> 5 = <i>goal is accomplished</i>	Rating 0-5
	Food: Client can meet basic food needs but requires occasional assistance; or client can meet basic food needs without assistance.	
	Housing: Client is living in safe, adequate housing; or client has completed paperwork for alternative housing and is on waiting list.	
	Utilities: Client has heat, electricity, and a working phone or has applied to energy/utility assistance programs or Safelink for assistance.	
	Health Care: Client has affordable, adequate health insurance and has a medical provider or has applied for medical coverage.	
	Transportation: Transportation is generally accessible to meet basic travel needs.	
	Health and Nutrition: Client eats a healthy balanced diet, exercises regularly and receives preventive health screenings.	
	Mental Health Substance Abuse: Client has a mental health/ substance abuse provider, has regularly scheduled appointments and is taking medication as prescribed.	
	Education: Client has completed education/ training needed to become employable; has enrolled in an education/ training program; or has applied for financial support.	
	Employment: Client has attained meaningful employment; or has made positive progress towards attaining employment.	
	Life Skills: Client has the skills and abilities to deal effectively with the demands of life (i.e. problem solving, decision making, managing finances, maintaining their home)	
	Child Care: Client has affordable and reliable child care.	
	Parenting: Client feels confident as a parent, has effective parenting skills, and knows how to meet physical, practical and emotional needs of child.	
	Social Support: Client has a social support network that meets their practical as well as emotional needs for support.	

Notes:

Case Manager Signature

Date