**CONTENTS OF SECTIONS**

*File most recent documents at the top of each section. Documents may vary by program.*

1. **CONTACT & INTAKE ASSESSMENT DOCUMENTS**
	* Agency Screening
	* SNAP® Brief Intake Screening Checklist
	* Intake Summary
	* Suicide Screening Form
	* Reinforcement Trap/Coercive Cycle Diagram
	* SNAP® Child Screening Interview Report
	* Child Goal Sheet (Shoot For Your Goal)
	* SNAP® Parenting Goal Sheet

 **NOTE: During the intake process, be sure to complete: TOPSE, CBCL, TRF, and NIRVANA.**

1. **CONSENT FORMS & RELATED DOCUMENTS**
	* Consent to Service & Research
	* Consent for Research/Observation/Taping
	* Media Release
	* SNAP® Informed Consent and Participation Agreement
	* Consent for Release of Confidential Information (School)
	* Consent to Participate in Remote/Virtual Services (Optional)
	* Police Visit (Optional)
2. **CONTACT NOTES & INTERVENTION DOCUMENTS**
	* SNAP® Weekly Client Group Reminder Log
	* SNAP® Client Contact & Make-Up Session Notes & Progress Notes
	* SNAP® Children’s Group Weekly Evaluation Record
	* SNAP® Parent Group Weekly Evaluation Record
3. **DATA/RESEARCH MEASURES**
	* Child Behavior Checklist (CBCL) – (**Needs to be completed at Intake and Discharge)**
	* Teacher Report Form (TRF) – (**Needs to be completed at Intake and Discharge)**
	* Tool to Measure Parenting Self-Efficacy (TOPSE) - (**Needs to be completed at Intake and Discharge)**
	* NIRVANA Assessment- (**Needs to be completed at Intake and Discharge)**
4. **Discharge Report and Other Reports**
	* SNAP® Discharge Report
	* SNAP® Satisfaction Survey **(Need to be completed at Discharge, entered into Netmis)**
	* 30 and 60 day Follow-ups
	* Serious Occurrence, Incident Report (Suicide Assessments and Abuse Reports)

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# SECTION 1: CONTACTS & INTAKE/ASSESSMENT DOCUMENTS

|  |
| --- |
| **DOCUMENTS** |
| ***NAME OF DOCUMENT*** | ***DATE COMPLETED*** | ***Worker Initials*** |
| CINS/FINS Agency Screening Form |  |  |
| SNAP® Brief Intake Screening Checklist |  |  |
| Intake Summary  |  |  |
|  Suicide Screening Form |  |  |
| Reinforcement Trap/Coercive Cycle Diagram |  |  |
| SNAP® Child Screening Interview Report |  |  |
| Child Goal Sheet (Shoot for Your Goal) |  |  |
| SNAP® Parenting Goal Sheet  |  |  |
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| --- |
| **MULTIDISCIPLINARY CONTACTS** |
| **Name/Title** | **Affiliation** | **Email Address** | **Phone/Fax Number** |
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*If needed, add other contact information on the back of this sheet*

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# SECTION 2: CONSENT FORMS & RELATED DOCUMENTS

|  |  |  |
| --- | --- | --- |
| ***NAME OF DOCUMENT*** | ***Date Received or NA*** | ***Initials*** |
| Consent to Service & Research |  |  |
| Consent for Research Participation, Observation and Video/audio taping |  |  |
| Media Release |  |  |
| Consent for Release of Confidential Information (School) |  |  |
| Informed Consent and Participation Agreement |  |  |
| Consent to Participate in remote/virtual Services |  |  |
| **Other (specify)** |
| Police Visit (Optional) |  |  |
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\*For other programs, signature on *Assessment and Intervention Plan* serves the consent to service function.

\*\* After gaining consent to collect information (see below), worker requests reports from relevant agencies with whom the child and family have had contact over past 2 years as well as current external consultants. Sample letter on Shared Net “Templates” - copy attached to copy of original signed external agency authorization form.

**TRACKING CHART:**

**A*uthorization for disclosure, transmittal or examination of confidential information***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Agency/ Service** | **1-way (√)** | **2-way (√)** | **Date signed** | **Date expired** | **Date renewed** |
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# SECTION 3: CONTACT NOTES & INTERVENTION DOCUMENTS

|  |  |  |
| --- | --- | --- |
| ***NAME OF DOCUMENT*** | ***Initial Date Received or NA*** | ***Initials*** |
| SNAP® Weekly Client Group Reminder Log |  |  |
| SNAP® Client Contact & Make-Up Session Notes & Progress Notes |  |  |
| SNAP® Children’s Group Weekly Evaluation Record  |  |  |
| SNAP® Parent Group Weekly Evaluation Record |  |  |
|  |  |  |

*\**e.g., may include intervention related letter to client or another agency

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**SECTION 4: DATA/RESEARCH MEASURES & SUMMARIES**

|  |  |
| --- | --- |
| ***NAME OF DOCUMENT*** | ***Date Received or NA/Initial.*** |
| **Summary reports of measures** | **Admission** | **Other** | **Discharge** | **Post Dis- charge** |
| Child Behavior Checklist (CBCL- Parent) |  |  |  |  |
| Teacher Report Form (TRF- Teacher) |  |  |  |  |
| Tool to Measure Parenting Self-Efficacy (TOPSE- Parent)  |  |  |  |  |
| NIRVANA Assessment (Assessment, Scores, and/or Notes)  |  |  |  |  |
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| **Other (specify)** |
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# SECTION 5: DISCHARGE REPORT AND OTHER REPORTS

|  |  |  |
| --- | --- | --- |
| ***NAME OF DOCUMENT*** | ***Date Received or NA*** | ***Initials*** |
| Discharge Report |  |  |
| SNAP Satisfaction Survey (Parent and Participant) |  |  |
| 30 and 60 Day Follow-Ups |  |  |
| Serious Occurrence, Incident Reports (Abuse Report and/or Suicide Assessments) |  |  |
|  |  |  |
| **Other (specify\*)** |
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\* e.g., drawings, volunteer or tutor request forms, family and child charts, post discharge letters

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