

APS Quarterly Client Review

Client: _____	Date: _____
Case #: _____	ID #: _____
Review was conducted (check more than one, if applicable) <input type="checkbox"/> in client's home <input type="checkbox"/> at DSS <input type="checkbox"/> by telephone <input type="checkbox"/> in client's relative's home <input type="checkbox"/> hospital <input type="checkbox"/> nursing home/adult care <input type="checkbox"/> adult day care center <input type="checkbox"/> other (explain) _____	Information was obtained during review period from (check all that apply): <input type="checkbox"/> client <input type="checkbox"/> primary caregiver <input type="checkbox"/> guardian <input type="checkbox"/> other family <input type="checkbox"/> friends <input type="checkbox"/> aide or other paid assistant <input type="checkbox"/> facility staff <input type="checkbox"/> other professionals <input type="checkbox"/> other _____

Have there been any changes/events since the last review which have a **SUBSTANTIAL** impact on the client's/family's life or need for services? If yes, summarize briefly.

Client Input

Update face sheet to reflect any changes such as address, phone, or household composition.

Review of the Functional Domains

Please include in your summary new problems, worsening conditions, improvements, and new resources or accomplishments. (Include information that documents the continuing need for services.)

Social
Environment (home and neighborhood)
Mental/emotional health
Physical health
ADLs and IADLs
Economic

Summarize below any other significant events, contacts, or activities during the quarter (include dates) or attach relevant sections of your log notes and document continued need for APS.

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Progress on Goals

Goal # and/or Description	Progress	Disposition
		<input type="checkbox"/> goal met/discontinue <input type="checkbox"/> goal being met, ongoing <input type="checkbox"/> continue working toward goal <input type="checkbox"/> try new strategy <input type="checkbox"/> revise goal <input type="checkbox"/> other:
		<input type="checkbox"/> goal met/discontinue <input type="checkbox"/> goal being met, ongoing <input type="checkbox"/> continue working toward goal <input type="checkbox"/> try new strategy <input type="checkbox"/> revise goal <input type="checkbox"/> other:
		<input type="checkbox"/> goal met/discontinue <input type="checkbox"/> goal being met, ongoing <input type="checkbox"/> continue working toward goal <input type="checkbox"/> try new strategy <input type="checkbox"/> revise goal <input type="checkbox"/> other:
		<input type="checkbox"/> goal met/discontinue <input type="checkbox"/> goal being met, ongoing <input type="checkbox"/> continue working toward goal <input type="checkbox"/> try new strategy <input type="checkbox"/> revise goal <input type="checkbox"/> other:
		<input type="checkbox"/> goal met/discontinue <input type="checkbox"/> goal being met, ongoing <input type="checkbox"/> continue working toward goal <input type="checkbox"/> try new strategy <input type="checkbox"/> revise goal <input type="checkbox"/> other:

Update service plan as needed.

Social Worker's Signature: _____ Date: _____