

Case Tracking Form

Client Name: _____

Case Number: _____

Worker: _____

Intake Date: _____ Circle one: Emergency Rapid Routine

Allegations (circle all that apply): PA EA SA CN SN FE

First visit due: _____ Completed: _____

Investigation/ Assessment due: _____ Completed: _____

Investigation/Assessment Paperwork Completed: _____

Case Disposition (circle one): INO Open/Close OPEN

District Attorney Report Sent: Yes No N/A Date: _____

Notice of Investigation Provided: Yes No N/A

Release(s) of Investigation Signed: Yes No N/A

Mandated Reporter Form Received: Yes No N/A

Follow up to Mandated Reporter Sent: Yes No N/A

For Opened Cases Only:

Consent to Services/Release of Information Signed: Yes No N/A

30 Day Service Reassessment due: _____ Completed: _____

90 Day Service Reassessment due: _____ Completed: _____

90 Day Service Reassessment due: _____ Completed: _____

90 Day Service Reassessment due: _____ Completed: _____

90 Day Service Reassessment due: _____ Completed: _____

Date Closed: _____

Termination Summary/Closing Paperwork Completed: _____