

Hawaii Access To Recovery (ATR) Project

Case File Review Form

Agency: _____ Date: _____ Reviewer: _____

Complete Incomplete Corrected Date/Initials

N/A

Client Name: _____

Contact Info Included _____ _____ _____/_____

Collateral Info Included _____ _____ _____/_____

Service Plan _____ _____ _____/_____

Updated within last 90 days _____ _____ _____/_____

Narrative notes for each session _____ _____ _____/_____

Dates missing: _____

(Narrative notes should include: date of session, start and end times of each session, units billed, and brief description of service provided)

Amount Billed _____ _____ _____/_____

Amount Reimbursed _____ _____ _____/_____

Interest / Needs Survey Included _____ _____ _____/_____

Waiver Forms Signed for High Risk Activities _____ _____ _____/_____

ROI's signed and current within last 12 months _____ _____ _____/_____

Collateral Contacts Made _____ _____ _____/_____

How will you determine when client is ready for decrease in level/frequency of service?

How are you empowering client toward self-sufficiency?

File is incomplete and needs the following corrections:

File Corrected: _____ Date: _____

File is Complete: _____ Date: _____