

CW-DYFS SUBSTANCE ABUSE CONSORTIUM CASE CONFERENCE FOLLOW UP FORM
PLEASE SELECT COUNTY

Case Conference Date: Date of Referral: Date of Assessment: Date of Ext. Assessment: Priority Level:	Agency Leading Presentation: Assessment Counselor: Supervisor: DYFS Case Worker: DYFS Supervisor:
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CLIENTS HOUSING ARRANGEMENTS	
<input type="checkbox"/> Subsidized <input type="checkbox"/> Section 8 <input type="checkbox"/> TRA <input type="checkbox"/> EA <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Rental <input type="checkbox"/> Own <input type="checkbox"/> Institution <input type="checkbox"/> Homeless

CLIENT INFORMATION Client Name: DYFS ID#: Age: DOB: Gender: Race: Ethnicity: Primary Language: Marital Status: Comments: (Regarding Allegation):	INCOME INFORMATION Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GA <input type="checkbox"/> TANF <input type="checkbox"/> WFNJ Other: Vocational History: Educational History: Referral Source:
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Living Arrangements / Members of Household				
Name of Child	Age	Whereabouts of Child	Key	ASFA Clock Start Date
1.			N/A	
2.			N/A	
3.			N/A	
4.			N/A	
5.			N/A	
6.			N/A	

Key: Presently in Parent Custody = A In Custody of Family Member = B In Custody with Family Member and Client In Home = C
 In Foster Care = D Has Been Adopted = E Pending Reunification = F Kinship Care = G Other = H

Legal Issues / History
Clients legal issues stated at this time: N/A Current Legal Issues: Court Dates: Court Orders: Prior Convictions:

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this unless further disclosure is expressly permitted by the written consent of the person to who it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.

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Status Update from last Consortium:

Barriers To Treatment and Plan Suggestion(s)

What problem(s) are of greatest concern at this time?

DYFS Case Status Update:

Drug Screen Results Received in the Last 30 Days

Dates	Results	Substance and Levels (if appropriate)
	N/A	
	N/A	
	N/A	
	N/A	
	N/A	

Follow-Up Plan

(Please include Task, Person Responsible, Expected Completion Date)

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CPSAI:
DYFS:
WELFARE:
SAI:
CW/TREATMENT PROVIDER:
OTHER:

Consortium Case Closure Planning	
Short-term Goal(s):	
Long-term Goal(s):	

All participants in this group meeting are required to keep information about the Department of Children and Families (DCF)/Department of Human Services (DHS) clients and clients' case records confidential. Types of information to be kept confidential include but are not limited to:

- 1) Names, listings of names, identifying data, addresses of current and former clients mentioned in case records.
- 2) Past and present financial, social, medical, psychological, substance abuse, mental health and educational information about current and former clients mentioned in the case records.
- 3) Identification of services that agencies are providing to clients mentioned in the case record; including but not limited to protective services.

It is a violation of state and/or Federal law to disclose certain client information that (a) is not released in accordance with specific exemptions that permit disclosure as set forth in N.J.S.A. 9:6-8,10a, and or CFR 42 Part 2 and /or HIPPA, or that (b) does not have the signed consent the client or the parent/legal guardian of a minor client set forth in N.J.S.A. 9:6-8, 10a and/or CFR 42 Part 2 and/or HIPPA. Any person who releases or encourages the release of confidential information may be guilty of a misdemeanor, which may result in a fine and/or imprisonment. In addition to keeping client information confidential, all reports and publications written by or for the agency, and not approved by the Department of Children and Families (DCF)/Department of Human Services (DHS) for release must be kept confidential within the agency.

By signing this form, I acknowledge that I have read this confidentiality statement, understand its content and agree to comply with it. I agree to maintain client confidentiality of DCF/DHS and/or provider agency reports not approved for public release.

Assessment/Extended Assessment Counselor Date

Welfare Worker/Supervisor Date

Clinical Supervisor Date

SAI Worker/Supervisor Date

DYFS Worker/Supervisor Date

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